

THE ALKALOIDAL CLINIC.

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THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

EDITORIAL STAFF

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ADDRESS

THE ALKALOIDAL CLINIC,
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ARTICLES on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send *THE ALKALOIDAL CLINIC* for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say, and be brief and plain.

QUESTIONS of probable interest to our readers will be answered in our Miscellaneous Department. We expect these to add much value to our pages.

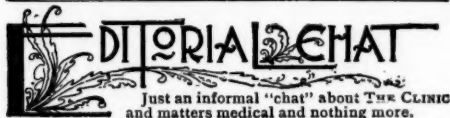
OUR AIM is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

Address as above.

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IMPORTANT NOTICE.

Watch your date of expiration on outside of wrapper. Pink wrapper means that your subscription has expired. Unless we hear from you to the contrary we assume it your pleasure that we continue, expecting to receive a remittance at your earliest convenience. If you want the Clinic stopped please say so.



Just an informal "chat" about *THE CLINIC* and matters medical and nothing more.

THE COMING SUMMER CAMPAIGN.

I was much impressed with a passage in Meigs and Pepper's book on diseases of children. In the article upon cholera infantum the authors give a lengthy account of their methods of treatment, and wind up with a prescription containing Haller's acid, which, they say, they have not tried yet, but propose to do so next year.

What a story is revealed in those few words. They tell of the fight made for the children's lives; and when the battle is over for that year they are ready to drop the methods in use and take up, in their stead, a new and wholly experimental weapon for the next conflict. I think that the most of us, after a summer's campaign with the astringents, alkalies and laxatives, have felt ourselves quite ready to lay them all aside in favor of anything that offered a plausible reason for its acceptance.

But now that is all ancient history. Vaughan, by his discovery of tyrotoxinon, has taught us how to feed the babies in summer, and how not to feed them. The antiseptics have won such laurels in the field that the physician who does not employ some one of these efficient remedies is hopelessly behind the times. The question is simply as to the most efficient of the antiseptics; and here the choice is as difficult as picking out the best bicycle. I am morally certain that no agents of this class equal the sulphocarbolates; and yet the man who is perfectly familiar with resorcin and ignorant of the sulphocarbolates will do better work with the former. Skill comes from the using of any tool; and skill is of greater value than the tool itself, provided only that the utensil is capable of doing the work before us. A hoe is an implement of great value in many gardening occupations; but it won't cut hay as well as a scythe. Calomel and rhubarb are very, very valuable agents in the hands of those who know how to use them but they will not cure cholera infantum as readily as the direct antiseptics.

These questions should be settled now before the sickly season commences. The choice of remedies and their administration should be made this month. Too often this is put off till the season opens, and in

the hurry and anxiety of his first grave cases, the doctor is very apt to fall back upon his old stand-bys, forgetful that they always failed him in bad cases.

Brethren, let our contributions for July be full of helpfulness for the summer's emergencies; for cholera infantum, sun-stroke, heat exhaustion and the ordinary problems of medicine, surgery and obstetrics, as influenced by the summer's heat. For no one can deny that it is a very different thing to practise our art in the dog-days than it is when we have the winter's cold to assist our efforts to secure antiseptis.

WE ARE STILL IN NEED.

Last month we told of our need of CLINICS for September, '96, and hereby extend thanks to the many who have so kindly favored us with the extra copies in their possession. Now we record our need of October and January, '96, and March and November, '95. We particularly desire to obtain copies of January and October, '96. If any of our friends have CLINICS for either of these months that they can spare, we shall esteem it highly if they will send them to us.

SPECIALISTS AND GENERAL PRACTITIONERS.

At a recent meeting of Chicago physicians the relations of the specialist to the general practitioner was pretty freely discussed.

The specialists had a good deal of fault to find. The physician, they said, treats his specialty cases himself, though unskilled, until their pockets have been drained, and then turns them over to the specialist to be treated free of charge. When the latter has prescribed for a case, the doctor carries out the treatment unskillfully and inefficiently.

But the doctor's arraignment of the

specialist is far more weighty. The latter is called in as specially skilful in a single line. The consultant is necessarily at an advantage, as his being called is an admission of his superiority over the ordinary doctor; and this advantage he utilizes to rob the man who has sent for him, and take the practice of the family to himself.

Even when this is not done, the family physician is at a disadvantage, in that there is no return for his patronage. Among specialists a system of give-and-take is possible, and if the ophthalmologist receives a case from the gynecologist, the former may reciprocate. But with the unfortunate general practitioner it is all give and no return. And by the time he has parcelled out his patients among the ophthalmologists, otologists, laryngologists, abdominal surgeons, railway surgeons, rectal surgeons, genito-urinary surgeons, orthopedists, general surgeons, pediatricists, neurologists, chiropodists, pedologists and a few other specialists, he will have precious few left.

Another injustice is in the disproportionate pay of the specialist. I consider the all-round practitioner the better man; his professional endowment is superior to that of the other. He will spend hours over a typhoid or pneumonia, weighing every symptom, calculating every element in the case, displaying more acumen and exerting more skill than the specialist is called upon to show in a month's practice. He has never a moment to himself; his nights and his Sabbaths are devoted to his professional work; while the specialist spends a few hours at his office and then returns to his family, or takes a spin down the boulevards, attends the theatre and takes time to consider his soul's needs, secure in the knowledge that when he leaves his office his work for the day is over.

And for all this labor the family doctor gets fifty cents, payable when the crops have been marketed; while the specialist performs the delicate and excessively diffi-

cult task of blowing a little boric acid into the nose, and pockets his five dollars for it.

And yet the specialist lives through the generosity of the family physician; for to him he must look for his patients, unless he enters the advertiser's ranks and goes to the general public. It is therefore directly to the specialist's interest to sustain the general practitioner by every means in his power. The consultant should consider his work but poorly done if he has not left the family physician stronger in the estimation of his patients by the visit. It is so easy to do this if one but tries.

And I think the consultant ought to divide his fee with the doctor. In many cases this fee really comes out of the doctor's pocket. He pays it himself, or makes a reduction in his own bill, or lets the consultant have the ready money while he lets his own account stand to that indefinite epoch, the settling day.

HUMORING THE STOMACH.

The excellence of Dr. Shaller's paper and the confidence that his readers deservedly place in his teachings, render it necessary that I shall not permit his doctrine to go without comment, in the points wherein I am compelled to differ with him. My teaching has been that the stomach should not be humored but trained. Let us analyze the question a little and see how far we can go together.

I will premise by quoting a remark of Gross, that he never knew a person to regain robust health on a limited diet. The multifarious needs of the human body are best met by the utmost variety in the foods taken; hence the universal liking for new forms of food. The neighbor's bread, pies or cakes always taste better than our own, because they are novel.

The best stomach is obviously that which will digest the greatest variety. Now, if any article disagrees it is an evidence of

weakness on the part of the stomach, and the question comes up, of how we are going to treat it. If the disability is temporary, as we often see in the case of those who eat too much, abstinence will work the cure. But when the inability to digest a certain food is continuous, there are two courses open—to give up the battle and run away or to fight it out.

If the disability is noticed in the course of disease there can be no question but that it is necessary to follow the indications of nature, and omit all articles that occasion nausea and indigestion. But my thought is directed to cases occurring in ordinary health and especially to children. Many of their dislikes are due to the food being of an unusual taste, for many flavors are not liked at first. Other dislikes are due to the difficulty of digesting certain foods; and it will very often be found that children dislike the food that contains indigestible cellulose, such as parsnips, carrots, turnips, cabbage and spinach, and turn to easily digested meats. And thus they lay the foundation for future delicacy of digestion, uricemia and a whole host of affections.

A weakly, delicate boy, over whom the neighbors shook their heads and concluded that his parents would never raise him. At twenty he was still weakly, a prey to morbid dislikes; could not eat fat, cellulotic vegetables, etc. He then concluded to try if he could not learn to eat these things; and commenced upon fat. So great was his dislike of it that he used to wrap a bit of fat in bread in order to get it down without coming in contact with the tongue. The fat disagreed, eructations of fatty acids occurred, but he persevered in taking *one very small morsel* at every meal. In about a month the fat dyspepsia subsided, and he had not only learned to digest fat but to like it.

The same system was pursued with other food, and the rule made to eat *one very small morsel* of every sort of food that

was placed upon the table. As before, the distaste and dyspepsia were gradually overcome, and at the same time the boy grew stronger; his frame filled out; he became somewhat athletic in his tastes, and eventually grew up to become an editor of the CLINIC.

And this system I have put in practice in hundreds of instances, and always with good results. I believe in training the stomach, not by "filling it" with food it cannot digest, but by gradually accustoming it to the disposal of very small bits of the food in question and gradually adding to the quantity as the ability to digest it is acquired.

A WORD OF EXPLANATION.

There is on file, in the editorial department, material enough for a dozen CLINICS, and among it, possibly, some paper or letter that may have been written by you; and the purpose of this note is to explain our inability to use all this excellent material just when it comes to us. If you look back over several CLINICS you will see that we have classified and arranged so as to meet prevailing conditions as much as possible and at the same time maintain the harmony of the journal. Now we do not want you to write one whit less often than you are now doing, but we want you to understand the reason why your papers sometimes have to wait for publication.

A great many of our readers ask for help, and we are glad to do what we can for them, through the CLINIC or otherwise, but we urge upon you not to rush for help until you have availed yourself of what may be gleaned from the perusal of similar cases already reported and published.

You would do well to provide yourself as fully as possible with a back-numbers file. We have yet a good many CLINICS from the beginning—full files of '94, all but March and November of '95 and full files for '96. These we supply unbound at five cents per

copy, or bound at \$1.00 per vol. (add 16 cents for postage), and you will find them a rich investment. When you order, if you mention it, we will send you an index.

We also have binders for the CLINIC, good for any year, at thirty-five cents each or three for \$1.00. With these and the index you can put your back numbers into first-class shape.

PROSPERITY.

It has seemed to us that the state of affairs throughout the country is improving; that the pinch is somewhat less sharply felt, the strain eased off a little. For this we are indeed thankful. The boom, with its feverish excitement, its kaleidoscopic changes in values, making men rich or poor in the space of a few hours, is, we sincerely trust, a thing of the past. Values do not grow in a night like Jonah's gourd. (By the way, none of my gourds grow at nearly as rapid a rate.) The sudden acquisition of wealth is not wholesome to either the winner or the loser. Nothing pays as well as hard work, directed by intelligent thought.

A PARABLE FOR THOSE WHO NEED IT.

The following, under the above caption, a recent letter to the *Epworth Herald*, by Leander S. Keyser of Dayton, O., may be of passing interest to those who have not yet removed the pink wrapper from their CLINIC for '97.

"Has the *Week's Delight* come, Hannah?"

"Yes; there it lies on the center-table."

Mr. Oswell picked up his favorite weekly paper, glanced admiringly at the handsome cover, then placed his easy chair near the window, and proceeded to read the editorials on the first page; or, rather, he tried to read them. But something seemed to distract his attention; he could not rivet his mind on the glowing paragraphs, do what he would.

The trouble was a tiny but extremely acute arrow had penetrated his bosom, and

was sticking in his heart. The disturbance it caused in the action of that member gave him an odd experience. Not only did it prick him, and thus divert his attention from the reading, but it brought a series of panoramas before his fancy like dissolving views.

He seemed to hear the rumble of machinery; and lo! before his mind's eye there passed a printer's "pit" or press-room, containing a half-dozen or more large cylinder printing-presses, from which was issuing, copy after copy, *The Week's Delight*, and he noted that all the pressmen were as busy as they could be with their grimy toil.

Then he heard the click of type, and seemed to be transported to a large composing-room, where over a score of typesetters were standing before their cases, their hands flying deftly from the "boxes" to the "sticks." The next minute the editorial-rooms swept before him, where men with large but deeply-creased brows were bending over illegible manuscripts or laboriously scrawling off copy for the next number of the paper.

Then it seemed that pay-day had come, and this whole company of toilers had gathered before a window waiting for the reward of their labors. When they had received their money and were gone, Mr. Oswell caught sight of a large pile of paper-bills, postage-bills, and bills of many kinds, all of which had to be paid, and paid at once. But Mr. Oswell observed that the business manager's brow was lowering and his face bore a worried expression.

"If only our subscribers would pay—" the business manager was saying.

But Mr. Oswell heard no more. The arrow piercing his heart gave a sudden twitch, causing him such acute pain that he looked at it searchingly for the first time, and behold! The slender shaft reached down to his bosom from the little printed "tab" on his paper. He hastily examined the label.

"Goodness gracious!" he exclaimed; "my subscription to this paper is overdue, and of course the publishers need the money to carry on their business. I'll send them a check this minute."

He did that very thing, and, odd as it may seem, the little pricking shaft was at once removed. Mr. Oswell felt happy,

and found that he could now read his paper with infinite satisfaction.

"Queer how one's conscience will puncture one when one becomes delinquent," he smilingly mused.

PRURITUS.

Pruriginous affections are more common in the hot months, when the skin is irritated by sweating. Prickly-heat is one of the most annoying of the summer ailments that pester humanity. Sometimes the torment occasioned by it becomes simply unendurable.

Who can tell us of a really efficient remedy?

THE NEW ILLINOIS STATE BOARD OF HEALTH.

Governor Tanner has appointed a complete new board to replace the Altgeld appointees. Pains were taken to have the new board represent all parts of the state, and also to avoid the mistake of Altgeld in placing members of the faculties of medical colleges upon the board. It was, perhaps, too much to expect that under such circumstances any ordinary man should resist the impulse to favor his own school or strike at his rivals.

The new board has been well received by the press, and starts out with only the handicap of being expected to live up to the high standard of their predecessors who, under Rauch and Reilly, gave such credit to the State of Illinois.

The membership of the new board is as follows:

Dr. Julius Kohl, of Belleville, is fifty-nine years of age. He is a graduate of the St. Louis Medical College, 1859. He was educated chiefly in Europe. He has held the following positions: Assistant physician to the St. Louis City Hospital; Medical Director of the St. Elizabeth Hospital, Belleville, Ill., for fifteen years; Medical Director of the Belleville Sanitarium; physician and surgeon to various institutions;

surgeon for two railroads; Medical Director, nominator and examiner for several life insurance companies; author of various papers, one of which, entitled, "The Physician of the Past, the Present and the Future—A Definition of His Social Position," was read before the American Medical Association in 1895; member of the St. Clair County Medical Society and permanent secretary; member of the American Medical Association; member of the St. Louis City Hospital Medical Society.

Dr. Kohl was also a member of the last board of health, but resigned.

Dr. Charles B. Johnson was born fifty-three years ago in Bond County, Illinois, and received a high school education in his native county. When less than nineteen years of age he, in 1862, enlisted as a private soldier in an Illinois regiment and remained in the army till after the close of the war, three years later. For about half his term of service he was hospital steward of his regiment, and it was while serving in this capacity that his medical studies began.

Dr. Johnson is a graduate of the Medical College of Ohio; has always been in active practice; has for many years been a working member of his local medical societies as well as of the Illinois State Medical Society, and during all his professional life has been an industrious contributor to medical literature through the pages of various medical periodicals. For many years he has been a student of state medicine and sanitation.

However, that Dr. Johnson interests himself in certain matters not directly pertaining to medicine is shown by the fact that at the present time he is President of the Board of Education in Champaign City, the place of his residence and the seat of the University of Illinois.

Dr. Z. D. French was born in Dubuque, Iowa, June 24th, 1837. He resided in Lawrence County for more than forty years. He read medicine with Dr. Heze-

kiah Smith, of Sumner, and Dr. W. W. Hitt, of Vincennes, Ind. He took a course of medical lectures in the Chicago Medical College, session of 1859-1860; entered the army in April, 1861, as private in Company I, Eighth Illinois Infantry (three months' troops), and was detailed into Medical Purveyor's Department at Cairo. He again enlisted in the Eleventh Missouri Infantry, and was made hospital steward. Serving three years in the Eleventh Missouri, he was discharged August 4th, 1864, by reason of expiration of term of enlistment. Attended lectures in the medical department of the Iowa University during the winter '64 and '65. Graduated February 14th, 1865. Returned to the army in May, '65, and was commissioned Assistant Surgeon of the Eleventh Illinois Cavalry, remaining in service until April, 1866.

Dr. P. H. Wessel graduated at the St. Louis College of Homœopathic Physicians and Surgeons in 1871. He has practised his profession in Moline, Ill., ever since; has been twice elected mayor of the city, and held the office of United States Pension Examining Surgeon under President Harrison's administration.

Dr. Florence Hunt is a specialist in nervous and mental diseases, and resides in Chicago.

Dr. Morris Meyerowitz graduated at the College of Physicians and Surgeons, of Chicago, in 1890. He is a very popular man in the section of the city in which he resides.

Dr. Louis Adelsberger, the President of the Board, resides at Waterloo, Ill. He graduated at the St. Louis Medical College in 1884. He is a member of the St. Louis City Hospital Medical Society; Secretary of the Monroe County Medical Society; and Medical Examiner for the Equitable Life Assurance Society; the New York Life; National Life of Hartford, Conn.; Union Mutual of Portland, Me.; Netherlands, of Amsterdam, Holland; Home, of New York; Modern Woodmen of

America, Knights and Ladies of Honor, A. O. U. W., SS. Peter and Paul Catholic society, etc.

The board has elected as secretary Dr. J. A. Egan, of Chicago. Dr. Egan graduated at the Northwestern University, Medical Department, in 1893. He has been engaged in the work of the Chicago Board of Health, and is highly spoken of by those who have worked with him in that department.

EXPERT TESTIMONY.

A dozen expert doctors testified that an Emporia, Kan., woman had been so injured in a railroad accident that maternity must be to her a thing unknown. She got damages on this expert testimony, and the railroad appealed to the supreme court, where, after years of waiting, the decision of the lower court has just been affirmed. In the meantime the Emporia woman has given birth to three children.

This is a pretty low-down trick. She should have waited at least until she got her money, and then started in to show the old railroad that she could have all the babies she chose; so there!

VITILIGO.

We do not often relapse into the "museum" business, but a correspondent asks about that singular affection, vitiligo, or leucoderma. The disease is characterized by the appearance of white patches upon the face, hands or elsewhere, the pigment being thicker outside the patches, which are sharply defined at the margins. There is no alteration in the sensibility of the affected area. While anemia of pronounced type sometimes attends, there is no known form of disease of the suprarenals to be connected with vitiligo. If the spots appear on the scalp, the hair will become white over them.

Dr. Lieberthal contributes a short paper upon this affection to the initial number

of the *American Journal of Dermatology and Genito Urinary Diseases*, which appeared in April. Dr. Lieberthal, who occupies the dermatological chair in the Jenner Medical College, thinks the skin pigment probably serves some useful purpose, as everything in the animal economy has its purpose. It may serve for protection of the skin itself as well as the tissues beneath it against physical, chemical and mechanical action, just as the pigment of the eye performs an important function. He says:

"How shall we explain the increased pigmentation of the skin after long continued action of sunlight or intensely cold air in any other way than as a reaction brought about by reflexes acting through the medium of the trophic nerves. This reaction produces an increase of pigment corpuscles, which partly by reflection, partly by absorption, or by other specific resistance, weaken or repulse the force of external impressions.

"It is further probable that that the pigment serves the purpose of respiration in the skin, though the latter is a very small part of the general respiration.

"The physiological process of the formation of the pigment is equally an open question.

"We venture to explain the normal formation of the pigment of the epidermis, as follows: The pigment of the epidermis, as of any part of the body, is subject to continuous change of matter; it is being continually formed and decomposed. The matrix consists of two substances, one of which is obtained from the blood, the other is produced in the tissues in which the pigment is found. The first may be called the hematogenous, the latter the cellular element. Both are colorless. In order that the cellular component should unite with the hematogenous a third factor is necessary just as heat or pressure is essential to chemical combination. This third factor is the innervation from certain specifically organized trophic centers. Under their influence the union of the components produces a colored compound, the pigment. When again decomposed its constituents are colorless.

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"From this point of view may also be explained the nature of the development of vitiligo."

Mild mustard plasters dim the brightness of the white patches, and lessen their conspicuousness. The seat of the affection is probably in the nervous system, and the powerful nervous alteratives may furnish the remedy. Nothing has so far proved of value; and the only suggestions I can offer are to place on the trial list zinc phosphide, arsenic iodide, arsenauro and nuclein as worth experimenting with.

THE CLINIC FAMILY.

For a month or two past we have been urging our friends to give a little time and thought to recommending the CLINIC to neighboring physicians and many have responded right well, so that we added to the CLINIC family, in the month of April, exactly 525 new members, and the indications are that we shall add nearly if not quite as many more this month, May. And yet there are thousands knowing nothing of the CLINIC who would gladly avail themselves of its helpfulness if it were brought to their attention. Won't you, reader, interest one or more and do it now while the thought is fresh in your mind? If you can use sample copies for your friends, let us know before our supply is exhausted and we will send them with pleasure. We are doing our best to make the CLINIC what you want it and shall appreciate anything you can do for us. We must have a bigger family and more financial returns to be enabled to keep its present excellence.

DIAGNOSIS OF APPENDICITIS.

As has been seen, quite a number of our bright readers have picked up Dr. Case on the diagnosis of appendicitis. Dr. Ide gives the diagnosis admirably, and his paper should be read carefully. But Dr. Case is not responsible for the confusion. In their eagerness to extend the field of surgical interference, some of the operators have included every form of intestinal

obstruction under this term. But order is now beginning to emerge from chaos, and by accuracy in diagnosis we reach that precision in therapeutics which is the aim of alkalometric medication.

Of far greater importance is Dr. Case's paper on the specific action of iodide of lime in membranous croup and allied conditions published in the CLINIC for last month.

A NEW WORK ON THE EAR, NOSE AND THROAT.

Dr. S. S. Bishop has published so admirable a work upon the diseases of the ear, nose and throat that we must take a few lines to recommend it to our readers. It has been a pleasure to peruse it and note how clear and distinct are the descriptions of disease, and the practical directions as to their treatment. Dr. Bishop has evidently written this book not to advertise himself as a specialist, but to furnish the general practitioner intelligible instructions for his own use. The book is issued by the F. A. Davis Company (Chicago Office, Lakeside Building), and costs from \$4.00 to \$5.00.

FOOLISH CHARITIES.

There is satisfactory evidence that our editorial upon fifty-cent hospitals struck the keynote. The evil had reached a high point in St. Louis, where Lanphear, Ball and Love were attacking it with energy. And now we hear that the distinguished gentlemen who had thoughtlessly allowed their names to be used to give the scheme respectability are getting out of it rapidly.

In the eastern cities several journals are attacking the free dispensary evil, and the practice of state legislatures in appropriating public moneys to institutions that are not charitable.

We don't need to fight each other. There are abuses enough that all physicians are equally interested in suppressing.

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on Topics kindred to the scope of THE CLINIC, and not too long.

Contributors to this department are requested to furnish us with a recent photograph.

A FEW HINTS IN REGARD TO DIETING.

By John M. Shaller, M. D.
Prof. Physiology in the Cincinnati College
of Medicine and Surgery.

PATIENTS generally object to dieting and find it difficult. To satisfy an appetite gives pleasure. To deprive oneself voluntarily of this pleasure takes just so much happiness from life.



J. M. SHALLER.

As a general thing, there is very little difficulty in dieting in acute disease, because, as a rule, there is no desire for food, but the trouble begins in attempting to diet when the appetite is abnormal or even when it is normal.

With regard to his appetites man is ruled by impulse rather than by reason. If he has a desire for certain food he is easily convinced that his system demands it.

It is believed by many that instinct is a safer guide in these matters than reason. And the lower animals are thought to illustrate the truth of this; yet a horse will founder himself by eating too much and make himself sick by drinking cold water while he is hot. There is no doubt that the judgment of his master frequently prevents a horse from following his instinct and thus keeps him from harm.

So long as the craving for food and drink is confined to what is harmless, it may be moderately indulged. Longing for fat, sugar, or candy in cold weather, or for

juicy fruits and ice-cream in warm weather is natural.

But there are also unnatural cravings, some of which are the result of disease, others the result of cultivation. A man who has never used tobacco or alcoholic beverages will never want them; those who have never taken coffee, tea, opium or cocaine will never long for them or feel that they must have them. The healthy rarely feel a craving for food that may not be moderately indulged; while in the unhealthy there are likely to be unhealthy appetites. A morbid body and a morbid mind must have morbid desires. The desire for water during fever is natural, however, and as a rule should be freely gratified, because experience has taught us that it can do no harm.

With coffee it is different, it can and does do harm. Patients will not readily give up this favorite beverage. They will tell you that they have taken it for years, and that they cannot get along without it. Dyspepsia cannot be successfully treated as long as coffee is indulged in. It irritates the gastric mucous membrane, undergoes chemical (?) changes, and is usually recognized in the eructations. When patients have eructations in which coffee is recognized they should stop drinking it. This is a simple sign, by means of which the stomach indicates that it cannot properly digest coffee. General application may be made of this statement. Whatever food is recognized by the smell in the eructations should be avoided, because it has not been properly digested. Fermentation has occurred and the flavor of the food has been developed, and is discernible in the gases which result from decomposition.

A proper food moderately indulged in is rarely recognized after a meal; but a proper food immoderately indulged in may be recognized, because there is more food than the stomach can well digest. The superfluous portion consequently decomposes, as all must which is not digested.

No matter how light a food may seem to be, if patients complain that they "taste it a long time after they have swallowed it," they should not be permitted to eat it.

If there are greasy eructations, fat meats, gravies and food fried in lard should be used very sparingly or not at all. If the eructations are sour, acids, sugar and starches should be avoided.

When improper food has been taken there is often a feeling of weight, fullness, uneasiness, soreness or actual pain in the epigastrium or abdomen, or even diarrhea; there is sometimes a raw feeling or a lump behind the sternum about two inches below the supra-sternal notch. If there is any sensation in the region of the stomach, or in those regions which we know to be the seat of reflex sensation from that organ, we have positive knowledge that there is some food in the stomach which is irritating it and which cannot be digested.

In this manner we are taught by experience what to select as proper food for our patients. A typhoid fever patient can rarely eat solid food without increasing fever, producing pain and diarrhea. In my experience chicken-broth has proved as indigestible for the sick as solid food. No patient with any tendency to gastro-intestinal disease is ever allowed chicken-broth while under my case. While it may not be indigestible in all cases it has shown itself to be so a number of times in my practice, and in order to be on the safe side I have discarded it.

The term indigestible food needs some explanation. There is no food, no matter how bland or how easily digested it generally is, that occasionally, in some individual, may not prove to be as difficult to digest as fried pork or veal, boiled cabbage or cheese.

When a patient finds that he cannot digest certain foods he should discard them. There is an erroneous idea prevalent among physicians as well as among the laity, that the stomach should not be

humored, that if it shows signs of rebellion against certain foods, they should *not* be withdrawn.

Men who can eat baked potatoes, skin and all, raw peanuts, shell as well as nut, cannot be expected to comprehend why an apparently healthy man cannot digest coffee, oatmeal or fresh bread.

Proper food, thoroughly digested leaves one unconscious of having a stomach, nor is one ever reminded of its presence. Food that is sufficiently irritating to make the patient aware of its presence in the stomach, or to produce any abnormal sensation, should not be allowed to remain in that organ.

The sooner it is removed the better. To allow it to remain and to disturb the digestion is wrong. While it may be true that food which cannot be digested in the stomach may be digested in the intestines, the chances are that it may not be. Then this undigested, fermenting and irritating mass must pass through about twenty-five feet of intestines, disturbing their function throughout their course; whereas, it might have been removed by the aid of a pint of hot water, and the stomach and intestines might have been saved from unnecessary irritation.

The stomach tube may be used instead of hot water for those who prefer it, but very seldom is a meal so thoroughly masticated that it can pass through a stomach-tube shortly after eating. There are those, however, who cannot or who will not use the tube.

Whenever there are fatty or sour eructations the fat or acid is usually returned with the water that is vomited.

Patients soon become accustomed to vomiting, and they quickly learn when they have taken something to which their stomachs object. These stomachic objections should be carefully noted, and this organ should be assisted in getting rid of the food which irritates it, and which it has plainly indicated it cannot digest.

An organ does not rebel without just cause. Every organ has its individual signs, by means of which it makes known any abnormal condition. Upon our recognition and interpretation of these signs depend our power of diagnosis. The stomach is not slow to give information that indigestible food has been eaten. The warnings are at first necessarily slight and are usually unheeded. We should insist that any food which cannot be easily digested should not be eaten, then the stomach must be relieved of its presence by vomiting.

If it is impossible to say which food is the cause of abnormal symptoms, it is best to stop eating all starchy foods and live solely upon animal foods, at least for a while. I am thoroughly convinced that starchy foods, such as potatoes, rice, oatmeal, cornmeal and fresh bread, to which may be added coffee, are more frequently the cause of dyspeptic symptoms than are meats, fish, milk and eggs. It is simply impossible to arrange a diet and feel certain beforehand that it will be proper. There is only one way to do this, and that is for the patient and the physician to keep a close watch and to find out what food the stomach and intestines can easily digest. Furthermore, the physician should positively insist upon discarding those foods that cause abnormal stomachic or intestinal sensations.

We can, of course, with some measure of success, prescribe Forbes' diastase, Fairchild's diastatic essence of pancreas, Taka-diastase or some vegetable ferment, when starchy foods are not thoroughly digested, but it is better to eliminate indigestible food for a while, and to let the patient eat only that food which thoroughly agrees with him.

It is sometimes necessary to resort to artificially prepared foods, as malted milk, bovine or peptonoids. After a few weeks of such unsatisfactory substitutes, soft-boiled eggs, toast, milk and rare beef-

steak may be sparingly and gradually eaten.

I have very little confidence in the use of medicines in the treatment of uncombined or simple indigestion, whether it is recent or of long standing. Dieting is of chief importance. It may not be agreeable to live on a few simple articles of food for months, yet if one can thereby remain free from all the disagreeable sensations that accompany indigestion, and at the same time feel himself improve physically and mentally, one ought to be thoroughly satisfied, and be willing to confine himself to such simple fare as milk, eggs and toast.

If the patient really desires to enlarge his dietary and at the same time to digest what he eats, he must eschew medicines and go to chopping cord-wood or undertake some other equally health-giving employment. I have no hesitation in saying that muscular exercise is the best preventive of dyspepsia, and is the best remedy for the treatment of that annoying disease.

But the majority of people are lazy. Were it not for the fact that so many people are compelled to work hard or starve, there would be more dyspepsia than there now is. The physician who can bottle up the essence of muscular exercise, so that it can be administered in teaspoonful doses to people while they are in bed, or while seated in a comfortable rocking-chair will soon become a multi-millionaire.

Bicycle-riding should be more frequently recommended by physicians for those who are adverse to taking muscular exercise. Those who engage in it really believe that they are playing and are having a jolly good time, while in reality they are working hard. I have tried it and I know something about it. It seems to me that during a five-hours ride on a wheel as much muscular force is employed as is required to chop a cord of wood. Chopping cord-wood is very hard work unless you are used to it; so is bicycle riding under similar circumstances.

The reason why muscular exercise improves the digestion is principally because it provides an increased supply of blood for the stomach as well as all organs. Naturally there is greater muscular waste, increased oxidation, and increased demand for food. People who lead sedentary lives eat more than the system demands, or more than is necessary to supply the waste produced by their slight muscular efforts. There is no provision made for storing up the superfluous food. It must be eliminated. It is doubtful if all of it can be digested. More is absorbed by the blood than can be appropriated by the tissues, and this superfluous material must be eliminated as a noxious substance.

The liver is the chief organ which elaborates the blood, and it soon becomes deranged when too much food is eaten. This is manifested in the patient by ill-temper, moroseness and despondency. Proper dieting and a little physical exercise daily will overcome this tendency. Medicines, especially digestants, will not, because they cannot. But the majority of people are lazy, they will not take exercise, but they will take medicine, and they therefore remain dyspeptics.

In conclusion, let me repeat: In the treatment of dyspeptics, the diet selected should be that to which the stomach shows no aversion. If indigestible food has been swallowed and is producing uneasiness, a pint of hot water should be drunk and the stomach assisted in removing its contents.

The diet in febrile cases must be confined strictly to fluid foods. Boiled milk always has the preference. Ice-cream can frequently be taken and retained when milk disagrees with the patient. Malted milk, Mellin's food and peptonoids are of value, particularly for children. Beef-tea, made by allowing a pound of lean, chopped beef to remain in a pint of cold water for one hour, and then to be simmered for two hours; the juice extracted by pressure, salted and enough water added to make

one pint, makes a favorite drink that is highly nourishing and usually relished. Barley broth, properly salted, is very nutritious, and is easier to digest than any other broth. Unfortunately, patients soon grow tired of it. Lamb or beef may be cooked with it, which adds to its nutritive value as well as to its flavor.

We must not forget that in acute diseases lasting only for a few days much food is not necessary. If the patient takes plenty of water he will get along nicely for two, three or four days. Given plenty of water a patient cannot possibly starve or even be injured if he takes no food for five or six days. In the treatment of gastro-intestinal diseases of infancy all physicians know that the total withdrawal of food for one or two days is sometimes the only means of curing their patients.

People in good health eat too much. Invalids are fortunate if their appetites fail, for then they may eat just enough to supply the waste, until their general improvement makes a demand for more food.

Alcoholics have no place among the foods. They are narcotics and irritate all tissues with which they are brought into contact. They increase the heart-action, and I know of no condition in which a patient is benefited by making the pulse beat faster. They may find a place in emergencies, but no legitimate place in the treatment of febrile or chronic cases. Alcohol produces more cases of gastric catarrh, hepatitis and Bright's disease than all other causes combined. I cannot, therefore, realize how such a substance can be classed as a food. No generally accepted food taken in the greatest excess can produce pathological changes such as are found in those who are addicted to the use of alcoholics.

309 Webster St., Cincinnati, Ohio.

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This paper came too late for our "food special," like several others in this issue. In the editorial department will be found some discussion of the points treated.—Ed.

CELLULAR THERAPEUTICS.

By John Aulde, M. D.

IN consideration of the enthusiasm displayed by the contributors, the marked care and attention directed to the articles



JOHN AULDE.

published in the current issues of the CLINIC, together with the uniform courtesy and respect shown for the views which I have advanced from time to time in its columns, I am prompted to give a

brief outline of my views relating to cellular therapeutics. My definition of cellular therapy is as follows: "The name applied to the method in therapeutics of exhibiting properly-selected medicaments with a view to restoration of cell-function. It aims to apply scientifically those remedies that experience has shown to possess special curative properties in the restoration of disordered functions." (Dictionary of Medicine, Gould. P. Blakiston, Son & Co., Philadelphia, 1894.)

To the study and development of the principles underlying scientific medicine, as viewed from the standpoint of cellular life and cell-function, I have devoted more or less time for the last ten years; and although I have repeatedly stated that I have done nothing more than suggest a name for a practice which has obtained with medical men since the dawn of medical history, there seems to lurk in the minds of practitioners a suspicion that this idea might be elaborated and developed into a quasi medical system. But the universality of its application and the strictly scientific basis upon which it rests preclude the possibility of any such untoward concatenation of circumstances, and I absolutely disclaim any attempt to introduce any conflicting theories into medical practice. The principles underlying cellular therapeutics not only support the entire

medical fabric, but when properly understood and later applied intelligently, all of the so-called "systems" will disappear, because therapeutics relating to the restoration and up-building of cell-function will embrace them all. I had hoped ere this to make more extended investigations than my time has thus far permitted, expecting to make experimental observations for the purpose of demonstrating my claims from a chemical standpoint as well as the clinical, but unfortunately this work of necessity has been postponed. In the following remarks I shall endeavor to show in the briefest possible manner just how a number of different medicaments are employed in practice, fully illustrating the claims which I have heretofore advanced.

Arsenic is a well-known remedy whose clinical value is known to be due to its active poisonous properties. Indeed, a high authority several generations ago asserted that being one of the most active poisons it was for the same reason one of our most effective remedies. And yet arsenic is not entirely a foreign substance to the human organism. In medicinal doses continued for a considerable time arsenic produces fatty degeneration; and at the same time it is a recognized standard remedy for the relief of precisely this very disease. Some will say that this statement is trenching upon homeopathy, but I beg to differ from any such unwarrantable conclusion. What, then, it will be asked, is the physiological basis? Is there, in fact, anything more in it than a fulfillment of the doctrine *similia similibus*? Scientific medicine would be fatuous indeed, had we no more rational explanation than this superficial fallacy, and the present generation of medical men is now handicapped by the teachings of the lame, the halt and the blind therapeutists who have preceded them on the stage for generations past.

The scientific or physiological basis of arsenic medication may be summed up in a few words: When taken into the system

it undergoes certain changes, new products being formed, principally with sodium, so that the system becomes surcharged with the arsenite of sodium. It very naturally seeks an outlet, and we know from physiological investigation that certain tissues are active in its elimination. Now, when these tissues and structures through which this product is eliminated are suffering from disease, if the dose is not too great, the effect of the elimination will be to stimulate activity on the part of the cells composing the aforesaid structures and tissues. In the case of degenerative changes, the stimulation will produce more or less tissue metamorphosis, and, as is often the case in diseases of the skin, the pulmonary structures and other organs, active tissue metamorphosis is followed by improvement. Again, in the case of fatty degeneration of the heart, or liver, arsenic is a useful remedy, because of its stimulating effect upon tissue metabolism around and within the diseased area, because, carried to these points in which cellular activity is suspended or arrested, the irritation produced by its presence is, in truth, the stimulant which promotes cure. In other words it restores function, rehabilitates cellular activity and incidentally illustrates cellular therapeutics. It is, in short, simply the other end of the string which the celebrated Professor Virchow pulled forty years ago, when he published that remarkable treatise known as "Cellular Pathology." Cellular pathology had to deal with the degenerative changes taking place in the human organism while cellular therapeutics endeavors to take into account the restorative processes in connection with medication specially adapted to particular cells involved. Thus, arsenic is known as a slowly acting medicine, because it is necessary first to secure systemic effect. Eventually, it will reach the diseased structures and there enact the role of a stimulant, acting upon cell-function.

Copper arsenite is valuable in the treat-

ment of diarrhea and affections arising from a disordered condition of the small intestine, not because of its special function in producing irritation of that portion of the anatomy when taken in lethal doses, but because it is chiefly eliminated through these structures, or, to be more specific, through the mucous membrane of the upper portion of the small intestine. Given in small doses, even in infinitesimal amounts, disease processes are arrested and cell-function restored by the stimulating effect of this product when brought into contact with the normal eliminating structures, the glandular appendages.

Potassium iodide is effective in the treatment of certain forms of bronchial irritation, not because it has any specific action upon the involved structures, but because it is chiefly eliminated by or through the bronchial mucous membrane, and of course, this is reached principally via the pulmonary apparatus. It acts also as an irritant, but even in larger doses its effects as a stimulant are quite apparent. At the same time, or at least quickly following upon its influence upon the bronchial tract, elimination is effected at other points, thus lessening the output through this channel, and it is for this reason that it was early recognized as an efficient "alterative." Alteratives are remedies which modify tissue metabolism by stimulating cell-function. The iodide of iron furnishes a highly instructive illustration of the "double action" of a remedy, being at once a resolvent and reconstructive, and incidentally confirms the theory of cellular therapeutics. Potassium bichromate might very appropriately be added to the list, since elimination of this salt is chiefly through the mucous membrane of the bronchi and upper air-passages. It is especially valuable in naso-pharyngeal catarrh, not because it produces a disease similar to it, but because of its elimination being first and mainly through this portion of the human anatomy.

Nux vomica is a remedy especially well calculated to illustrate the doctrine of cellular therapeutics in still another direction. Modifying the nervous structures, of course it affects the nerve-elements, not only the protoplasmic cells but the molecular movements as well as the chemical changes, and the results of stimulation or irritation are conducted to the muscular structures; and thus we see how cellular therapeutics lead to the study of the ever changing and practically endless variety of relationships, chemical, physiological and pathological, and it falls to the lot of the thoughtful physician to interpret, explain and treat the thousand-and-one manifestations due to the interdependence and inter-relationship of cell-function and cell-life.

Philadelphia, Pa.

"CEREAL FOODS."*

By A. T. Cuzner, M. D.

THE various materials used as food by man, notwithstanding their difference of origin, appearance or sensible prop-



A. T. CUZNER.

erties, may be ranged, as physiology has shown us, under two great classes—the nitrogenous and the non-nitrogenous. Notwithstanding the innumerable varieties of food in use by man, some peculiar to certain countries or climates, and others the heritage of all, they have this in common—that they all contain more or less nitrogen as one of their constituents.

The nitrogenous principles may be classed under the four following heads, viz:

Fibrin—Animal.

Gluten—Vegetable.

Casein—Animal or vegetable.

Albumen—Animal or vegetable.

*This article, prepared for our "Food Special," had to wait over to this issue. It is just as valuable, however, and will serve to revive interest in this important subject.—Ed.

So closely do these principles agree in chemical composition and properties that they have been considered by many as being modifications of one substance, and in consequence have received the name of *Protein*.

The non-nitrogenous substances differ more from each other than do the protein compounds; but they all have two important qualities in common: they combine readily with oxygen under favorable circumstances, and by such combination they produce water and carbonic acid, with evolution of heat. The most important of these substances are: Sugar and starch, vegetable products, oils and fats, vegetable or animal.

The principal articles of food contain at least one representative of each of these two classes. Those substances which furnish the greatest quantity of these elements at the least cost of production become in an economical point of view the most important articles of diet. Chief among nutritious substances, for the reason just given, stand the different species of grains which bear the collective name of cereals: Wheat, corn, rye, oats, barley, rice, and of these by far the most important is wheat.

WHEAT.

This grain contains in its natural state all the proximate principles that enter into the composition of the body, or rather, the proximate principles of the two are so similar (some being identical) that they are easily appropriated, by digestion and assimilation, to the body's nutrition.

EARLY HISTORY.

There are no records in history that take us back beyond the cultivation of the wheat plant. Some believe it was created as it now is, and was from the beginning the everyday food of man in the form of bread, from the curse pronounced against Adam, "In the sweat of thy face shalt thou eat bread." In his lamentations for Tyrus,

the prophet Ezekiel says: "Judah and the land of Israel, they were the merchants; they traded in the market wheat of Minnith."

Wheat has been found in the lake-dwellings of the ancient Swiss. From the above we see how ancient the production of and commerce of wheat were.

CHEMICAL ANALYSIS.

The following table is a fair average analysis of good wheat and its ash:

WHOLE WHEAT.

Starch.....	57.00
Dextrine.....	4.50
Nitrogenous substances sol- uble in alcohol, but in- soluble in water	0.42
Coagulable albumen.....	0.26
Albumen, soluble in water and not coagulable, two kinds	1.55
Fibrin.....	9.27
Oil.....	1.80
Woody fiber.....	6.10
Extractive matter.....	1.40
Ash.....	1.70
Water.....	16.00

100.00

ASH.

Potassa.....	30.00
Soda	3.50
Magnesia	11.00
Lime	3.50
Oxide of iron.....	1.00
Chloride of sodium	0.55
Sulphuric acid	0.50
Silica.....	3.50
Phosphoric acid.....	46.60

100.00

MORPHOLOGY.

Grains or kernels of wheat vary from each other slightly in form, according to their variety, but in general they are oblong oval, having a deep groove extending from

end to end on one side. At one end of the kernel is the brush of vegetable hairs; at the opposite extremity under an irregularly curved surface layer of bran, technically the shield, is the *embryo*.

FIG. 1.

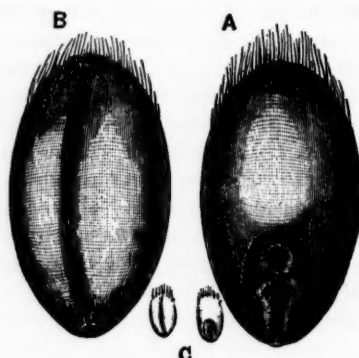
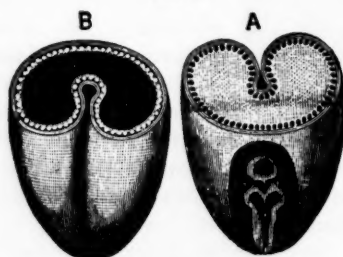


Fig. 1, A and B, shows both sides of the grain under a power of six diameters.

C represents the grain the natural size.

If we make a transverse section of a grain midway between both ends and expose the cut surface of one-half to the action of iodine it will assume a purple hue, sharply rounded by the gluten coat.

FIG. 2.



If we take the other half and subject its cut surface to the action of a solution of blue vitriol in ammonia (ammonia-sulphate of copper), the starch of the interior will not be changed in color, but the gluten will become green from the formation of phosphate of copper.

The gluten will also readily absorb cochineal in solution, while the starch will remain unchanged.

If a grain of wheat be moistened with lye-water and rubbed between the folds of a rough cloth, the outer bran covering may be readily detached.

Wheat thus treated and afterwards cooked in a double farina kettle forms a very pleasant and wholesome article of diet. If the grain, after having been thus hulled, be treated with a solution of alum, and then with weak acetic acid (vinegar), on cutting it in half as before, digesting with warm water, and subjecting to gentle pressure, the starch and embedded albuminoid bodies may be wholly separated, leaving a layer of cells containing gluten and phosphates attached to or constituting a part of the inner bran coat. There will now remain a cup. If the material removed from the interior of the cup be burned, the ash remaining will be considerable in amount; but if the cup be burned the percentage of ash will be large.

FIG. 3.

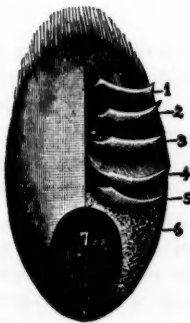


Fig. 3 represents the different coats of a grain of wheat peeled up and turned back.

The first three coats constitute the true bran.

The bran is nearly destitute of nutritious properties.

It consists mainly of woody fiber and cellular tissue, holding nutritive salts,

these constituting its whole nutritive value; besides this it is very irritating to the digestive organs.

It absorbs water readily, and when wet is extremely liable to damp or mildew.

If a quantity of true bran be moistened and left in a mass it speedily ferments and decomposes. The next two coats are mainly composed of cellular tissue, and like the bran-coat contain nutritive salts; but unlike the bran, they are not irritating to the digestive organs.

Next we have the gluten sacs, perisperms, and as the sacs and their contents (gluten) play such an important part in the economy of nutrition, we will devote some space to their consideration.

GLUTEN.

When the flour of wheat is made into a dough, and this dough is washed with water and kneaded upon a fine sieve, a milky liquid passes through from which starch subsides.

But on the sieve, when the water ceases to go through milky, there remains a soft, adherent, tenacious and elastic substance, which can be drawn into long strings, has scarcely any color, taste or smell, and is but slightly diminished by washing either with hot or cold water. The flour of other kinds of grain also yields it by similar treatment, though in much smaller quantities.

When the moist gluten is dried in the air at a temperature of boiling water it diminishes in bulk, and hardens into a brittle, semi-transparent, yellow substance resembling horn or glue.

In this state it is insoluble in water, but dissolves readily in vinegar, in alcohol either hot or cold, and in solutions containing caustic potash or soda. If the crude gluten, as it comes from the sieve, be boiled in alcohol, a solution is obtained which, on cooling, deposits a white, flakey substance, bearing much resemblance to casein. When the clear solution is con-

centrated by evaporation, water separates from it an adhesive mass which consists of a substance to which the name of glutine is given, mixed with a little oil.

By digesting the mixed mass in ether the oil is dissolved out from the glutine, and may be obtained in a pure state by evaporating the ethereal solution. This oil has the general properties of butter.

The crude gluten after boiling in alcohol has much resemblance to the fiber of lean beef, and has therefore been named vegetable fibrin.

When the starch has subsided from the milky liquid which passes through the sieve in preparing the gluten of wheat, the water rests transparent and colorless above the white sediment of starch. If this water be treated it will become more or less troubled, and white films or particles will separate, which may be easily collected, and which possess all the properties of coagulated albumen or boiled white of egg. To this substance the name of vegetable albumen has been given. The crude gluten obtained by the process described above is a very nice food preparation. It may be cooked in a variety of different ways. We may take small portions and cook in fat as we cook dough-nuts. Or we may place in the oven and bake. Thus cooked it swells up, becomes full of pores and assumes a large size.

This important quality possessed by gluten of wheat and not shared by the gluten of other grains is called panification. The comparative baking qualities of different samples of wheat flour may be judged by the height to which in similar vessels the gluten of equal weights of flour is thus observed to rise. This quality is due not to the crude gluten as a whole, but to that substance obtained as described above from the solution of crude gluten in alcohol, and called glutine or vegetable fibrin. Other cereals contain but a small percentage of it, their crude gluten being made up mainly of vegetable albumen and casein.

There is another property possessed by gluten, viz.: its power of absorbing water. Ordinary flour of commerce will take up in bread-making one-half its weight of water. The inner mass of the grain, constituting fully seventy-five per cent of the whole grain, consists of starch, gluten, albumen, sugar and gum. Of these ingredients fully ninety per cent is starch.

See Fig. 3—6.

There is another way in which pure gluten may be prepared, cooked and used as food, viz.: after having obtained the crude gluten as described above, we find that in a short time it begins to sour. This destroys its great tenacity, so that it can be cut up finely and mixed with sponge previously prepared. As soon as the leaven makes the mass spongy it is baked. This is an excellent food for diabetic patients.

From 100 pounds of "Pillsbury's Best" flour may be obtained thirteen and one-half pounds of very fine gluten. From Franklin Mills flour of the entire wheat the writer has obtained proportionally fifteen pounds of gluten from 100 pounds of the flour.

STARCH.

If we regard the enormous proportion in which the seeds of cereals and leguminous plants, and the different tubers, enter into our dietary, and the very large percentage of starch in these articles, it is not exaggerating to say that fully two-thirds of the food of mankind consists of starch. Starch like sugar is a carbo-hydrate, C 12, H 20, O 16. Starch may be obtained as described below. When the pith of the sago-palm is washed with water on a fine sieve, a white powder is deposited by the milky fluid that passes through. This when collected, forced through a metal sieve to granulate it, and dried by agitation over the fire, is the "sago" of commerce.

When the raw potato is peeled and grated on a fine grater, the pulp thus produced well washed with water, potato starch

is obtained. When the roots of the *maranta arundinacea* of the West Indies and Florida are grated and washed like the potato, they yield the arrow-root of commerce. From the root of the cassava a substance is produced by a similar process, and this when dried by agitation on a hot plate is the tapioca of the stores. In a solution of iodine they all become blue. Starch in the raw state is to man an almost indigestible substance; but when subjected to the operation of cooking it is readily digested. The digestion of starch in the human subject is accomplished by the saliva and pancreatic juices.

These are both rich in a substance called diastase, and owe their power to it.

DIASTASE.

Starch in plants is likewise digested by the same material. If a potato be made to sprout, and the sprout cut off with a small portion of the surrounding potato, and if we cut off the upper half and examine it chemically, no diastase will be found. But if we examine the lower half of the sprout with the small portion of potato attached we find diastase.

If we take barley newly malted and crushed, pour cold water on it, and let it remain for a quarter of an hour; if the water is now poured off, filtered, evaporated to a small bulk over boiling water, and then mixed with much alcohol, a white, tasteless powder falls down; this is diastase. If unmalted barley be so treated no diastase is obtained. If grains of wheat be made to germinate, and are afterwards ground and treated as above they yield diastase. If treated as above before germination they yield no diastase. Diastase as a product is the result of germination.

DEXTRINE.

If a certain portion of diastase be added to any preparation of starch in water, and be kept at a temperature between 120° and 140° Fah., the starch will gradually

dissolve and form a colorless transparent solution. When this solution is carefully evaporated, a yellowish white powder is obtained, perfectly soluble in water, to which the name of dextrine is given. But if the digestion be continued after the starch is dissolved, the solution will gradually acquire a sweet taste, and if it be now evaporated it will yield, instead of dextrine a mixture of gum and grape sugar.

GRAPE SUGAR (glucose).

If the digestion be still further prolonged, the whole of the starch will be converted into grape sugar. The glucose of commerce is obtained by boiling starch (principally corn) and diluted sulphuric acid together until the desired result is obtained, and afterwards neutralizing any surplus sulphuric acid that may remain by means of lime. In this condition starch becomes a predigested food. It has considerable value as a food in certain complaints, but its use is not free from danger in others. Diastase does not exist in the saliva and pancreatic juice of young suckling animals, except in minute proportions.

In the human infant, diastase does not appear to exist in sufficient abundance to digest starchy matters until about the seventh month.

Foods containing starch largely are unsuitable to young infants.

In conclusion—

From the foregoing examination we find that wheat as a food is most valuable, containing as it does all the proximate principles that enter into the composition of the human body.

This being conceded, it follows that if we can retain in the food manufactured from it these principles in a proper proportion we shall have a perfect food for the ordinary wants of the body.

The Roman soldier as he marched carrying his supply of whole wheat was enabled to conquer the world. Fashion has decreed that flour shall be white.

White flour means little gluten and still less phosphates proportionately.

In this age of mental activity the call is for phosphorus.

From whence shall we obtain the proper supply?

Shall we call upon the pharmacists for some of their excellent preparations, or had we better use the natural supply found in the whole grain of wheat?

It takes 270 pounds of wheat to make a barrel of flour by the ordinary milling process; we have (or should have) a loss of but thirteen and a half pounds, whereas the actual loss amounts to between fifty and sixty pounds.

Of what does this loss consist—what elements of the grain are thus needlessly wasted?

They are gluten and phosphorus!

Gilmore, Fla.

CATARRH.

By John E. Bacon, M. D.

(THIRD PAPER.)*

ATROPHIC Rhinitis is one of the most tedious and is surely the hardest to treat of all the affections of the nasal chambers. It is preceded by hypertrophic rhinitis, which by neglect has passed into the hyperplastic stage, and atrophy is the final result of the long-continued inflammation of the parts.



J. E. BACON.

A large number of names has been applied to this condition, as dry catarrh, fetid catarrh, ozena, cirrhotic catarrh, etc., but of all those that have been from time to time proposed the name "atrophic rhinitis" best conveys the pathological process and the conditions as met with. Ozena as a name is particularly unfortunate, for it is but a symptom and

accompanies any ulcerative disease of the nose, as syphilis, abscess, cancer, rhinoliths or other foreign bodies, glanders, and always caries of the bony structures and chronic empyema of the maxillary antrum and of the other sinuses opening into the nasal cavities.

Atrophic rhinitis is characterized by discharge from the nose, a characteristic odor, often fetid, and the formation of hard crusts of inspissated discharge. On examination the nasal chambers will be seen to be wider than normal, and the turbinated bodies reduced in size, the degree of reduction depending on the stage of the disease, varying from a slight shrinkage to a rudimentary tubercle. The chambers will be found full of greenish crusts that adhere firmly to the underlying membrane. The discharge is yellowish-green in color, is usually abundant and has an offensive odor. The pharynx and pharyngeal vault will be found dry and deep-red in color and frequently the vault will be found to be affected with the same process.

Careful examination should be made by sight and probe to exclude foreign bodies, empyema and necrosing bone, and in no case should a thorough examination of the physical condition of the patient be neglected, as often some inherited or acquired taint will be discovered that will furnish an indication for general treatment. The subjects of this disease are usually ill-nourished and have blood deficient in red cells and in hemoglobin.

Having arrived at a diagnosis of atrophic rhinitis two indications are presented, first to tone up the nervous and vascular systems by general treatment to improve the nutrition of the affected part, and second to apply local treatment to relieve the symptoms and to check further destruction of tissue.

The general treatment aiming at the correction of this trouble is best carried out by means of those remedies that influence the metabolic interchanges between the pro-

*This series of papers was begun in March, second paper in April. Back number mailed on receipt of ten cents.

ducts of digestion and the tissue systems, and those that have an action upon the mucous membranes and the glandular elements thereof. Arsenic, mercury, and iron are all useful in certain cases, the indications for each being found in the general condition of the patient. One of the most important of all the remedies we have for this work is found in nuclein solution, and the results of its use in this condition for a number of years have been most encouraging. A favorite prescription is: Nuclein solution (Aulde), one drachm; elix. hypophosphites comp., eight ounces. Sig. One teaspoonful three times a day after food. Cod-liver oil is indicated in cases associated with a strumous diathesis and when well-borne should be given. Constipation must be corrected and the patient taught the value of a regular habit in this regard. The anticonstipation granules (Waugh) have served a very useful purpose in the writer's hands and will be found to be active and popular with the patients.

The local treatment must be thorough and persistent. The patient must be taught to cleanse the nasal chambers daily with the douche or spray, whichever seems to be best adapted to the individual case; and for this purpose nothing is better than the solution made from Seiler's tablets standard strength, provided that the solution is clear and free from particles. It is always best used warm and the nose should be gently blown and cleared from crusts after its use. Seiler's solution finds its best field in these cases, for they require a certain amount of stimulation and in the ordinary strength the solution is sufficiently so, but it is too stimulating for use in acute or hypertrophic forms of nasal inflammation.

After cleansing and the removal of all crusts and secretion a thorough application of a solution of argentic nitrate (by means of the cotton mop should be made) to all parts of the diseased membrane, the strength beginning at one per cent and

gradually increasing up to ten as toleration is established. Active irritation amounting to inflammation should never be caused by this agent. The nose should then be dusted with aristol, with stearate of zinc, or with some other protective, un-irritating powder, according to the preference of the operator. The calendulated boric acid of Sexton is very valuable in cases requiring more stimulation and disinfection. Such treatments should be faithfully carried out twice a week for months, and the results will eventually come, though no improvement may be noted for some time. Actual regeneration of tissue has been accomplished with great benefit and comfort to the patient, and such an ideal result should earnestly be strived for in each case. Marked and satisfactory amelioration of the symptoms and particularly of the odor and of the discharge may be obtained in every case.

The writer wishes to record his protest against the use of the galvano-cautery in atrophic rhinitis, notwithstanding the eminence of its advocate, for the result can only be further destruction of tissue and the formation of hard, dry eschars within the nose; and these allowing the retention of the secretions will but aggravate the crust formation.

Gentle massage of the atrophied structures, as advocated by Rice of New York, is a valuable procedure and may be carried out at the time of the application of the silver or other stimulant, by making gentle friction along the turbinal surfaces with the cotton-wrapped applicator. It must not be done too long at a time, about one minute at first being sufficient.

As has been said repeatedly, persistence and patience are the two great essentials in treating this disease, and if the operator will but assume these at the first the ultimate results will be sufficiently gratifying to insure both later on.

79 Niagara Square, Buffalo, N. Y.

[To be continued.]

ELECTRICITY IN DISEASES OF THE EYE.

By W. H. Walling, A. M., M. D.

(PART III.)*

TRACHOMA.

THIS disease is often an obstinate one to treat, requiring patient perseverance on the part of both patient and physician. It is a contagious disease and great care must be exercised to prevent the spread of the virus to other cases.



One of the worst cases of trachoma I ever saw came under my observation at the Wills Eye Hospital in this city during the summer and fall of 1896.

The patient, a buxom lady, presented a cartilage thickened to more than thrice its natural size, seamed and fissured, extremely rough and unyielding in consistence; the wonder was that the cornea in both eyes had not been worn away.

The treatment in this case was the application of a solution of nitrate of silver, gr. viii to the fluid ounce, pressure or pinching between the thumb nails, pressure with Knapp's roller trachoma forceps, and by rubbing down with a pumice-stone pencil. The latter, with the thumb pressure, seemed to exert the most marked influence upon the hypertrophy. The result was quite satisfactory. The routine practice in trachoma is to apply a solution of nitrate of silver, and pressure as above outlined, with frequent cleansing with a solution of boric acid. Some operators scarify the lids with a fine three-bladed instrument and then scrub them with a tooth-brush dipped in one to five hundred solution of corrosive sublimate.

Quite a number of the pupils of the

Indian school at Carlisle, Pa., have been thus treated at the Medico-Chirurgical Hospital. The technique seems barbarous, but it is wonderful how quickly the patients rally from the treatment.

One great difficulty in the treatment of this condition is that the disease covers the whole of the lids, reaching up under the retro-tarsal fold, where the ordinary treatment does not affect it. The patient is given an anesthetic, the lids forcibly retroverted, and scarified or otherwise, as may be deemed best.

The object of treatment is to break down the unhealthy granulations, and to restore the normal. Some one has recommended rubbing the everted lids with powdered boric acid, using the thumb or finger.

The older surgeons applied cupric sulphate to the lids. This was Prof. Pancoast's method, and is good treatment yet.

My own method is to gently act upon the granulations with the galvanic cathode using either a copper or carbon electrode. A current intensity of one to three milliamperes will be sufficient to break down the diseased portions. With a copper electrode we will have some metallic electrolysis, provided the anode be used. Care must be exercised not to do too much, and then to treat the eye as in other inflammatory conditions.

In order to reach the retro-tarsal portion with the current, I have devised a special electrode made of copper flattened at its distal extremity, so as to pass well into the upper space. It must be insulated upon one side, or a protector used to prevent action upon the eye-ball.

Cocaine may also be used to enable the operator to successfully reach all parts. As a rule I prefer the cathodal applications, as the action is less likely to result in cicatrization, but this latter will not follow if the treatment be properly carried out.

An ointment composed of the yellow oxide of mercury, from one quarter to one half-grain to the drachm of vaselin, is also used. Atropine may be added.

* This series of papers was begun in the March CLINIC and continued in May. Back numbers will be furnished on receipt of 10 cents each.

When pannus is present, calomel dusted onto the cornea and well rubbed in, is of great value.

In these conditions cleanliness is of the first importance, no matter what line of treatment be followed. An imperative rule is—never allow the discharges to collect.

CORNEAL OPACITIES.

The object of treatment in corneal opacities is to sufficiently stimulate the indurated tissue so as to produce absorption, with the resulting deposit of normal corneal tissue, and yet not to set up an active inflammation.

Experience teaches us that recent lesions are much more prone to inflammatory reaction than are old and indurated scars.

As to results much depends upon the depth and extent of the opacity. Dense white scars yield very slowly to treatment, while slight or superficial opacities disappear rapidly.

Improvement in vision will also depend upon the extent and location of the leucoma. As the clearing up of tissue always commences at the outer margin of the scar, if the scar be over the pupil but little improvement in direct vision may be expected until late in the treatment, but if situated to one side, good vision may rapidly follow. The technique of treatment for corneal opacity is as follows: Instill cocaine into the eye, place one electrode, the anode, on the cheek below the eye, and apply the cathode directly to the leucoma, on the eye-ball itself. Use a current of one to one and a-half milliamperes, first for one minute, then gradually increase from time to time to two or three minutes at a sitting. A slight stimulation is necessary. Very little pressure must be used, and in order to obviate this, my electrode is made with a curved spiral spring, near the distal end, which aids very much in the ease of application. The lids may be held apart by the fingers of the operator. In some cases,

there will be marked redness of the cheek, with little if any irritation of the cornea.

In one case I removed a corneal ulcer by placing one electrode upon the closed lid of the affected eye, but this process is too slow for general use.

GLAUCOMA.

This is one of the most serious, as it is, to the general practitioner, the most deceptive of all the diseases of the eye.

Cocaine is advocated by some, in order to relieve the pain, but it has no curative effect, except that it has a tendency to dilate the blood-vessels, as a secondary effect. This is desirable, and may be more permanently done by the proper electrical current. In this connection I recently asked a prominent ophthalmologist if he had had any experience with the use of electricity in glaucoma. His answer was: "No, but electricity contracts the blood-vessels," meaning that the treatment was contra-indicated. My reply was: "That depends upon polarity; one pole contracts, the other dilates the vessels." To this he had to assent.

Glaucoma being an increased tension in the eye-ball, caused by a change in the means of outflow of the humors of the eye, or by hypersecretion, the treatment is to restore the equilibrium. The accepted method is by iridectomy. This with proper rest for the eyes, the instillation of eserine, sedative applications, leeches and the administration of an opiate, frequently arrests the disease.

The galvanic current would seem to be an ideal means of bringing about a restoration of equilibrium in the intra-ocular pressure. This could be accomplished by the stimulating and sedative effects of the current, acting conjointly upon the nervous and vascular supply of the parts. Let the first applications be of a sedative character, with the anode to the closed lids, and the cathode at the back of the head or on the temple. Use a current of three to five ma.

for, say five minutes, then change to the cathode for one or two minutes. Such treatment is to be given every day or even twice a day if the relief given warrants the same.

While I advocate electrical treatments in most diseased conditions, I invariably supplement the electricity by the administration of such remedies as seem to be indicated, and in the treatment of disease of the eye, local or constitutional remedies are judiciously used during the intervals of the application of the current.

The object of treatment is to cure the malady, not to demonstrate theory.

1606 Green St.

Philadelphia, Pa.

CHRONIC FUNCTIONAL UTERINE DERANGEMENTS.

By W. L. Coleman, M. D.

(PART II.)*

AS the "fluxus menstrualis" is a secretion and non-coagulable, I used to tell patients who consulted me under the impression that they had some womb-disease which caused irregular and at times painful menstruation, that they had no disease requiring the services of a gynecologist. And when the flow was too profuse, attended with pain and clots only occasionally, the intervening periods being normal and painless, they might be very sure they were aborting so soon after conception that it could not be detected, except by careful inspection of everything that passed. This was no sign of organic disease, but was caused by a dynamic state of excessive sensibility and irritability of the organ which would not permit it to tolerate the impregnated ovum longer than ten days or two weeks.

Some one may say that I am prejudiced against gynecologists from the way I refer to them. Not to the genuine scientific,

philanthropic gynecologist, but the traveling sort, such as we generally have down here in Texas; and for the reason that I have cured a dozen or more cases, without a vaginal examination, who had been tortured by specialists with sponge tents, caustics, curettes, etc., for months without any relief, but rather an aggravation of their troubles; and my respect for this class was not enhanced by an extract from an elaborate report of a case, which I read in the *Louisville Medical Journal*, then edited by the brilliant, witty and sarcastic writer, Dr. T. J. Gaillard. The extract, quoted for a purpose, was a minute description of the introduction of the catheter, and the great difficulty encountered in the operation, caused by a very tender congested and enlarged prostate gland! Dr. Gaillard's only comment was: "Give the d — n fool the notoriety he deserves and pass him around."

One of my first cases was a lady, aged about thirty years, who had been under the care of a specialist for six months without the least benefit to her condition, but a tax upon her husband's purse for fifty dollars per month. She had been married nine years; gave birth to a healthy infant eight years before, which did not live long and which she failed to nurse, on account of irritable nipples; and doubtless the excessive sensibility and irritability of the womb was largely due in the first place to this failure to nurse the infant, the breasts failing to act, as nature designs, as revulsives to the womb in its enlarged, flaccid and irritable condition just after confinement. She had been more or less an invalid ever since, and would menstruate regularly one or two periods and then go over her time ten days or two weeks, when she would have pains and a profuse flow with a quantity of clots. She had just passed one of these periods, caused by taking cold as she supposed, when I was called.

As she was nervous and anemic I put

*This series of papers was begun in the May CLINIC. Back numbers will be sent to any address on receipt of 10 cents.

her on pills of iodoform, reduced iron and nux vomica, alcoholic extracts, one grain each, thrice daily, as a general tonic in the intervals. Ten days before the next menstrual period I gave her a compound elixir of helonias root, prepared by Reed, Carnrick and Andrus, to which was added one-third as much fluid ext. viburnum prumifol., with instructions to take a teaspoonful four times a day, and to continue through and for a week after the period.

This was kept up for several periods; her general health was restored, and she became pregnant after the second period from the time of institution of treatment, and was enabled to go the full term by taking a full dose of the elixir whenever the uterus manifested signs of restlessness by contractions sufficient to cause cramp and pain, which was usually at each subsequent molimen menstrualis. I treated ten similar cases that year, 1872, with the same success, by this method, only varying it in three rebellious cases by the addition of pills of extract of hyoscyamus, extract of nux vomica, of each one grain, and oil of sassafras, two drops; to be taken when the elixir failed to control uterine contractions during pregnancy.

And I continued to treat numbers of cases every year with uniform success by this method, till I adopted the alkaloidal method, and have even continued to use these galenic preparations in particular cases in preference. I think it unnecessary to give clinical notes of other cases because they are all so similar, and will close this paper by giving a synopsis of the medical properties and uses of the four agents composing the above compound elixir, which, however, I have not used for twenty years, not being able to obtain it, but have depended mainly on viburnum prunifolium.

The helonias dioica is regarded as one of our most valuable agents in diseases of the reproductive organs of females, acting as a uterine tonic, gradually removing abnor-

mal conditions, while at the same time it imparts tone and vigor to those organs. It is also valuable in leucorrhea, amenorrhea, dysmenorrhea and also in successive abortions.

Of viburnum opulus I know nothing, and so added viburnum prunifolium, which I had found to exercise a special influence upon the uterus and to be the uterine tonic par excellence. Dr. Phares of Mississippi states "that it will prevent abortion whether habitual or otherwise; whether threatened from accidental cause or criminal drugging." It is also highly useful in relieving after-pains, as well as spasmodic symptoms incident to pregnancy.

Caulophyllum thalictroides or blue cohosh is valuable as an emmenagogue, parturient and antispasmodic, and in all chronic uterine diseases, exerting seemingly a special influence upon the uterus.

Mitchella repens, partridge berry, also seems to have an especial affinity for the uterus, imparting tone and vigor to that organ. It is said that Indian squaws drink a decoction of this plant for several weeks previous to their confinement for the purpose of rendering parturition safe and easy. I can testify that I have not had a single case of protracted or hard labor in the last ten years when I gave the active principles of these and some other remedies; and in two cases last year the labor was so rapid and easy the child was born before my arrival, though only a few blocks away and I responded promptly to the call. Yet these ladies said their previous labors had been long, tedious and hard.

Navasota, Tex.

—:O:—

These remedies keep constantly coming up as popular agents in gynecological practice, in spite of the fact that the text books have little to say concerning them. Uterine tonics are an unknown quantity to the doctor who employs only chemical preparations, and uterine sedation simply means the bromide of potassium.—Ed.

IRREGULAR MENSTRUATION.

Dr. Browner's Case. Reply.

By W. C. Buckley, M. D.

THE cause and its treatment: "She commenced menstruating at fourteen years, but saw nothing for one year after."



W. C. BUCKLEY.

This has been more than matched several times in my experience. Cause, anemia; treatment, uterine tonic and strychnine arseniate.

The continued irregularity may have been due to "her way." Every woman in good health has a quantity and a duration of the menstrual discharge of her own. What every woman loses in labor also depends upon the peculiarity of her constitution. Some lose none at all, so to speak.

Every woman who does not have the "show" just at the time is not sick, for while she may not seem to be regular, because of losing no blood, she is in fact perfectly regular, that is to say she regularly matures and deposits her germs—for that is the physiological act of menstruation and nothing else. That is what her constitution requires her to do. If she bleeds it is well. If she does not bleed it may also be well, for she is often found to be in perfect health, even if she does not bleed a drop.

If the patient is well formed, with healthy genitalia, which according to the doctor's account she is, and seeing that she most certainly ovulates regularly, she needs no treatment for this deviation, as loss of blood is a minor and indifferent phenomenon. The deviation is probably to be attributed to the consumption of nerve-force in some other direction, e.g., the constant operation of the intellectual powers in school-girls has sometimes this effect, and a vacation cures them of

the trouble. But the state of the whole constitution should be examined into and explored, and if therapeutical treatment be needed the true indications should be filled.

The pains the patient has had at periods of three months point to inequilibrium between the nervous forces, ganglionic and cerebro-spinal, resulting probably in anemia. The use of the uterine tonic, the sulphur compound and the strychnine arseniate, if continued a sufficient length of time ought to cure. "To acute diseases oppose an acute treatment, to chronic diseases oppose that treatment exactly suited to them." (Laws of Dosimetric Therapeutics.)

I think your editor's idea of giving platinum chloride is a good one; for clinically, it is a good remedy for hysterical spasm from nervous excitement; especially for alternation of anesthesia and hyperesthesia.

723 Berks Street, Phila.

VERBENA HASTATA IN EPILEPSY.

By H. D. Fair, Ph. G., M. D.,

Specialist in Epilepsy, Insanity, Hysteria, Nervous Disorders of Women and Children.

MALE, aged twenty-three years, with epilepsy. Cause: Marked hereditary taint, regular masturbator since ninth year till about eighteen or nineteen and at occasional intervals afterwards. Condition: Physical and mental wreck; nerves shattered; memory almost gone; reasoning power impaired; seminal emissions; epileptic seizures from seven to fifteen times per week. Cure: Verbena hastata.

History: I felt that if I ever was to have a reputation it might as well begin with this case, so I left no stone unturned to learn each and every fact and condition possible. I found that some time before the epilepsy had developed he would often be attacked with a bewildering sensation,

lasting from one to five minutes. His mother told me that he used to come to her complaining that he felt queer; he would then sit down beside her and perhaps hold to her hand or arm till the spell passed away, then return to his play feeling as well as ever.

These spells increased in number and seriousness, and about eighteen months from the time first noticed resulted in actual epileptic fits.

At about his fifteenth year he became a victim of spermatorrhea also. His mother noticed at times the soiled bed-clothes caused by nocturnal losses but was unable to account for it, and neither parent had any idea he was a masturbator. In fact he had positively denied it when a local physician on examining his urine found indications of seminal discharges, and he persisted in this denial up the time I took hold of the case, and not until I had exhausted nearly every scheme at my command did I get anything like a confession from him. His father had mild attacks of epileptic fits all his life, and the parents had been told by many that there could be no hope for the son, as the case was undoubtedly inherited.

Previous to my taking the case the patient had doctored with local physicians, who saturated his system with bromides and kindred medicines. He had taken full treatment from four specialists, one at Saratoga Springs, N. Y.; one at St. Louis, Mo.; another who makes a specific (?) called Samaritan Nervine; and lastly the treatment of the eminent (?) doctor, whose ad. you will see in nearly every newspaper, headed by the prominent and positive statement: "I cure fits."

All these had failed and the patient and parents had decided that the case was hopeless, as there were times when the reason was completely deranged.

I accepted the case more as an experiment than anything else, as I was looking for a real "tough case" to prove the vir-

tues of *verbena hastata* on, and I also knew that I would get little pay as the specialists had drained the pockets of the father long before.

I began the treatment by having the young man promise faithfully to abstain from all vicious habits and assist, all in his power, the medicine in its work. Aside from the usual baths and sanitary precautions, *verbena hastata** was the only medicine used.

I wish to state here that I have totally discarded the use of all bromides in my practice, as I have never found that a case of genuine epilepsy was cured by any one or combination of the same; but I have often seen cases where the patient was suffering more from the effect of wholesale medication than from the original disease. Of course we all admit that the potassium and sodium bromides are good medicines to mitigate spasmodic attacks, but it is hard on the system to use enough to have much effect on a real serious or complicated case.

A slight effect was noticeable from the beginning of the treatment. For a while the epileptic fits were just as severe as ever when they did come on, but they were less frequent and soon became milder. In ten months they left him and in six years have not returned. His general health began to mend, his memory strengthened, his mental faculties were stimulated till to-day he is a prominent business man. He tells me his only trouble is that once in a great while he will have a nocturnal emission.

The treatment was continued for eighteen months, or about eight months after the fits stopped, and was then discontinued.

The general history of this case I made brief, but I can assure you it was attended by all complications usual in such cases. The spasms were unusually severe; sometimes the patient would be so exhausted and bruised that he would be confined to his bed for twenty-four hours after recovering

*The active principle of *verbena hastata* has recently been isolated for use by The Abbott Alkaloidal Co.

from a spasm, and show no signs of intelligence when spoken to, and be insensible to surroundings.

Redkey, Ind.

INTESTINAL ANASTOMOSIS BY MEANS OF A NEW DEVICE, THE FRANK "BONE-COUPLER."

By Randolph N. Hall, M. D.,
Professor of Principles and Practice of Surgery and
Clinical Surgery, Illinois Medical College;
Attending Surgeon to St. Elizabeth's Hospital, etc.

CASE: Mrs. M., aged forty-nine; Polish; entered St. Elizabeth's Hospital April 14, 1897, suffering from strangulated hernia. Her bowels had not moved for seventy-two hours; temperature 101°F .; pulse accelerated; general condition denoting shock and sepsis.

Immediate operation was done after as thorough preparation as time would permit.

A large tumor presented in the left inguinal region, showing discoloration from attempted reduction of the hernia by taxis. It was tender to the touch and tympanitic on percussion.

The tissues were agglutinated together so that it was impossible to distinguish the coverings. The sac, when opened, revealed several inches of gangrenous small intestine. This was brought down until healthy tissue was reached, the mesentery secured, about eight inches of intestine removed, and the "bone-coupler" adjusted, bringing the ends of the bowel nicely together, Lembert stitches were taken on one side as a precautionary measure and the bowel returned to the abdominal cavity. The sac was brought down, ligated and a considerable portion removed, after which the sac was dropped into the abdomen. A few sutures were placed in the outer end of the incision, bringing the parts together, but the remainder was treated as an open wound by packing with aseptic sterilized gauze.

It is necessary to remark that every care was taken to make a clean operation, but as might be expected in a case already septic before operating, there was some pus found at the subsequent dressing.

This was a desperate case, but it went on in an uninterrupted course to recovery. The daily record would be tedious, therefore it is omitted.

This is the first case in Chicago in which the ingenious device of Dr. J. Frank, of this city, has been used upon the human being, so far as known. The "bone-coupler" has been used successfully in one case in a Boston hospital and once in St. Louis.

The "bone-coupler" consists of two decalcified bone collars, held together by a piece of rubber tubing, to which the collars are stitched with silk. The principle involved is the same as in the Murphy button, but instead of a metal button of considerable weight, which is absolutely non-absorbable, the Frank "bone-coupler" is the readily absorbable, decalcified bone, which will last long enough for perfect union to take place, and then have only a light, small piece of rubber tubing for the bowel to dispose of.

Some points in favor of the bone-coupler are that it is absorbable; it can be made thoroughly aseptic; it is easily and readily adjustable; it can be made in sizes to suit any kind of intestinal or visceral anastomosis; and when it has performed its work it is absorbed or disintegrated by the secretions, leaving only the small piece of rubber to be expelled from the alimentary tract.

I am greatly indebted to Dr. A. G. Kramp, senior surgical interne, St. Elizabeth Hospital, for valuable assistance in adjusting the coupler in this case.

Chicago, May 18, 1897.

—:O:—

To Chicago surgeons above all others is the world indebted for recent advances in the abdominal surgery of man. The great work of Senn and the invention of the

Murphy button have made the names of these surgeons known all over the world. And now a third Chicago surgeon steps forward with this device for improving the technique of intestinal anastomosis the advantages of which are so briefly but pointedly shown by Dr. Hall. The CLINIC is pleased to be the first to introduce this ingenious idea of Dr. Frank to the medical profession, bespeaking for it the attention that its merit demands. We trust that CLINIC readers, with their usual alertness will not fail to grasp the import of this remarkable mechanico-surgical achievement.—Ed.

INFANT FEEDING.*

By T. J. West, M. D.

AS you have repeatedly urged your readers to contribute to your special number for May which was to be devoted to the discussion of foods and their preparation and administration in health and disease, I thought I would write you of my recent experience in the feeding of infants, both in cases of bowel troubles and when they are deprived of their natural food and require an artificial substitute.

There are no new ideas I have to advance, but I simply want to call the attention of the CLINIC family to the work of Professor T. Morgan Rotch, of Boston, in whose late book, "Pediatrics," I have found the inspiration for the following.

After the articles of Dr. Cuzner, in late numbers of the CLINIC, on "Infant Feeding," it is almost needless to write further on the same subject, but I will tell my experience anyway; for I consider this matter of feeding children, when suffering from diarrheal disease, and of infants who are for any reason cut-off from their natural food, one of the most difficult things with which the physician has to contend. It is

a problem that has been, and is even now, too much neglected by physicians and turned over to the manufacturing chemist or to the tradesman for solution, as witness the enormous sales of all sorts of prepared infants' foods, which range in composition from pure starch, to pure fat and sucrose.

In searching for a substitute food for infants, it is a settled fact that we must look to cow's milk to form the basis of it. The cow's milk must be so modified as to approach as nearly as possible in composition to average woman's milk. How this is to be done in a practicable way, Dr. Cuzner has given in Dr. Arthur V. Meigs' directions, which are good, and somewhat resemble those laid down by Professor Rotch. These directions deserve to be carefully studied by the physician, and I believe if they were written down by him and pains taken to explain the details to the mother or nurse, many infants would be saved from death.

Professor T. Addis Emmett wisely remarks: "Success in the practice of gynecology is dependent upon a minute attention to detail." Does it not apply in equal degree to every branch of our loved art? Surely it does to this matter of infant feeding.

If these things are so, the idea must not be tolerated for a moment that it is too much to expect "the average nurse or mother to take the necessary pains in preparing the food to insure success." May not the truth lie in another direction? Is it not in most cases the ignorance or the laziness of the medical attendant that keeps him from giving minute directions in this matter of preparing and administering food to the infant; which if given would be warmly welcomed and diligently followed by the usually anxious mother?

Below is a table taken from Dr. Rotch's book, containing a "comparison of the average human milk and the average cow's

*This paper reached us too late for the issue for which it was intended, but is just as valuable now.

milk, the figures representing the later and more reliable analyses ;

	Woman's milk directly from the breast.	Cow's milk as ordinarily received about 24 hours old
REACTION.	SLIGHTLY ALKALINE	SLIGHTLY ACID.
Water	87 to 88	86 to 87
Total solids . . .	13 to 12	14 to 13
Fat	4.00	4.00
Milk Sugar	7.00	4.50
Proteids	1.50	4.00
Ash	0.20	0.70

As has been pointed out by Dr. Cuzner, the proportion of water and of fats is very nearly the same; the great difference being first in the reaction, second in the proportion of sugar and proteids, particularly the last named, being in cow's milk nearly three times as great as in woman's milk.

This then is the problem which frequently confronts us : Here is a baby without its natural food, milk from its mother's breast. What shall we feed it? How shall we feed it?

Assuming that it is a healthy, full term child, that we have a supply of good cow's milk :

1st. How shall we manipulate the cow's milk to change its reaction from acid to alkaline, reduce the high percentage of proteids, increase the proportion of sugar and leave the percentage of fats the same?

2nd. How shall we arrange the proportion of the various constituents so as to adapt them to the needs of the child as it increases in age and digestive capacity?

Manifestly it would be improper to put a baby a day old on the average food of a six months' child, or vice versa. No, the food must be adapted to the digestive capacity of the infant.

3rd. What quantity of food at each feeding should be given to the child at the various stages of its growth?

4th. What intervals should elapse between the feedings?

It will add to the clearness of the subject to answer questions three and four first, and this I will try to do in as few words as

possible, making use of the following table of Dr. Rotch which it would be well for us to fix in our minds as a standard and guide.

The daily feedings are supposed to begin with the 6 a. m. feeding, and to end with the 10 p. m. feeding.

Age.	Intervals. Hours.	Number of feedings in 24 hours.	Number night feedings.	Amount at each feeding. Ounces.
1 week	2	10	1	1
2 weeks	2	10	1	1½
4 "	2	9	1	2½
6 "	2½	8	1	3
8 "	2½	8	1	3½
3 months	2½	7	0	4
4 "	2½	7	0	4½
5 "	3	6	0	5½
6 "	3	6	0	5¾
7 "	3	6	0	6¼
8 "	3	6	0	7
9 "	3	6	0	7
10 "	3	5	0	8½
11 "	3	5	0	8¾
12 "	3	5	0	9

Be careful to impress on the mother's or nurse's mind the importance of not feeding the baby too much at a time (and for this purpose a graduated nursing bottle is a great help) only putting in, governed by the table, at each time what the baby should take.

The importance of cleaning the bottle and nipples promptly and thoroughly after feeding; the supreme importance of using only a short nipple, to shun as the plague the long tubes-and-nipple abominations so much prized by lazy mothers and nurses, it will suffice only to mention.

Of course such a table is useful only as indicating an average, the individual child requiring to be watched, and if after nursing all that is given it is evidently hungry, more must be added to its allowance; on the other hand, if it is apparently not digesting properly all that is given, reduce the quantity.

To impress the mother's mind with the

importance of the night feeding. I find it of very great moment. It is a too common custom on the mother's part to carry an eight ounce or a pint whisky-flask of food to bed and let the infant nurse during the night every time it is restless. The proper way is to give the infant its regular allowance about midway between the 10 p. m. meal and the 6 a. m. meal. How quickly an infant becomes fixed in a bad habit, and the necessity of starting it out in life right should be strongly emphasized.

And now to return to question one, how shall we manipulate the cow's milk to give it as near as may be the characteristics of mother's milk? The materials necessary to modify the cow's milk are the following: Cream, milk from which the cream has been removed, fresh lime-water, sugar of milk and distilled or boiled water. The cream of course contains besides fat a definite proportion of proteid matter, sugar and salts. The lime water is used to neutralize the acid of the cow's milk. The sugar of milk is identical with that found in both cow's milk and in woman's milk, and is added to bring up that element to the proper proportion. For convenience the sugars may be weighed out in powders, each containing 3 3-8 drachms. I usually dispense it in bulk and with it a measure that will hold the required amount. The milk-sugar should not be dispensed in solution because of its proneness to turn sour in hot weather. It is best, however, to dissolve the milk-sugar in the water before adding the other ingredients, at the time the food is prepared.

Below at the left hand will be found Dr. Rotch's table showing the percentage composition of milk adapted to the needs of the average infant at its various stages of growth during the first year, and at the right the proportion in which the various ingredients should be mixed to secure the proper percentages of the several elements.

FIRST WEEK.

Fat.....	2.00	Cream.....	2 oz.
Sugar.....	5.00	Milk.....	none.
Proteids....	0.75	Lime-water...	1½ oz.
Lime-water..	5.00	Water.....	7½ "

Milk-sugar one measure.

SECOND TO TENTH WEEK.

Fat.....	2.50	Cream.....	5 oz.
Sugar.....	6.00	Milk.....	none.
Proteids....	1.00	Lime-water...	1 oz.
Lime-water..	5.00	Water.....	14 oz.

Milk-sugar 2½ measures.

FOURTH TO EIGHTH WEEKS.

Fat.....	3.50	Cream.....	7 oz.
Sugar.....	6.50	Milk.....	1 oz.
Proteids....	1.50	Lime-water...	1 oz.
Lime-water..	5.00	Water.....	11 oz.

Milk-sugar 2½ measures.

SECOND TO FOURTH MONTH.

Fat.....	4.00	Cream.....	8 oz.
Sugar.....	7.00	Milk.....	none
Proteids....	1.50	Lime-water...	1 oz.
Lime-water..	5.00	Water.....	11 oz.

Milk-sugar 3¼ measures.

FOURTH TO EIGHTH MONTH.

Fat.....	4.00	Cream.....	8 oz.
Sugar.....	7.00	Milk.....	2½ oz.
Proteids....	2.00	Lime-water...	1 oz.
Lime-water..	5.00	Water.....	8½ oz.

Milk-sugar 2½ measures.

EIGHTH TO NINTH MONTH.

Fat.....	4.00	Cream.....	8 oz.
Sugar.....	7.50	Milk.....	5 oz.
Proteids....	2.50	Lime-water...	1 oz.
Lime-water..	5.00	Water.....	6 oz.

Milk-sugar 2¼ measures.

NINTH TO TENTH MONTH.

Fat.....	4.00	Cream.....	8 oz.
Sugar.....	7.00	Milk.....	7½ oz.
Proteids....	3.00	Lime-water...	1 oz.
Lime-water..	5.00	Water.....	3½ oz.

Milk-sugar 2 measures.

TEN TO TEN AND A HALF MONTHS.

Fat.....4.00	Cream.....8 oz.
Sugar.....5.00	Milk.....8 oz.
Proteids.....3.25	Lime-water....1 oz.
Lime-water..5.00	Water.....3 oz.

Milk-sugar $\frac{3}{8}$ measure.

TEN AND A HALF TO ELEVEN MONTHS.

Fat.....4.00	Cream.....8 oz.
Sugar.....4.50	Milk.....12 oz.
Proteids.....3.50	

In the tables will be found the answer to the second question. The different elements vary with the changing requirements of the growing child; the proteids increasing gradually in amount from the beginning, the fats also increasing but not to such a degree, the sugar attaining a maximum percentage at the second month and decreasing after the ninth month is past.

As Dr. Rotch says, "these figures are intended to be provisional, until by experiment the proper amount for the individual is ascertained."

In my practice I have found them very valuable aids in answering this question of what to feed a baby, and with the hope of helping some of the CLINIC readers I have written these things. I would heartily recommend the whole book, "Pediatrics," but especially the section on the artificial feeding of infants.

I have made this paper, I fear, already too long, but I wish to speak of one case recently under observation, in which these principles of substitute feeding were applied in the treatment of ileo-colitis and the marasmus following:

Donald McC., one year of age, came under my care September 25, 1896. His mother died when he was two months old, of some stomach affection—most likely ulcer, from which she had suffered for years. He was always a very delicate child and a great care.

Two weeks before I saw him he had

been across the desert from Gallup, New Mexico. His food had been condensed milk. After arriving here he was fed on cow's milk undiluted and his present trouble began.

The usual trouble of gastro-enteritis followed, accompanied by extreme emaciation. When I first saw him he presented that peculiar senile appearance characteristic of such cases. He was apathetic, his face pallid and pinched, bowels loose, stools offensive, urine red and scalding, some fever, sleeplessness and thirst.

I gave him, although a year old, the prescription for a food adapted to a two to four weeks' infant, as follows:

Cream, five ounces; water, fourteen ounces; lime-water, one ounce; milk-sugar, two-and-a-half measures.

This seemed to agree with him, the symptoms ameliorated, the wasting of his tissues stopped. Below is a record of his increase in weight:

October	2, 189612	lbs.
"	9, 189614 $\frac{1}{2}$	"
"	16, 189614 $\frac{3}{4}$	"
"	23, 189616 $\frac{1}{4}$	"
"	30, 189617 $\frac{1}{4}$	"
Nov.	7, 189618 $\frac{1}{2}$	"
"	14, 189619 $\frac{1}{4}$	"
"	21, 189621	"

The food was increased in strength as he improved, and he was gradually brought to the point where he could digest a food corresponding to his age.

It was interesting to hear the voluntary remarks of his grandmother, who said: "I thought Donald's flesh was good when he was eating the condensed milk, but I see now what good flesh is. His flesh is so much firmer than it was, and not so soft and flabby." In three months he was fat and hearty, enjoying better health than he ever had in his life before, and he remains so.

In this case I gave very little medicine, a few small doses of calomel to free the digestive tract, a few granules of the dosi-

metric trinity for fever and a few granules of lithium carbonate for the urinary symptoms. My dependence was placed upon providing a food that could be digested and assimilated. I might tell of other cases of a similar nature, but I will not further trespass upon your space.

Aztec, New Mex.

MORPHINISM.

The Object of Treatment.

By William F. Waugh, A. M., M. D.
Professor of Practice, etc., Ill. Med. College.

(PART III.)*

WE are now prepared to consider the question: "What is to be accomplished by treatment?" The objects of



W. F. WAUGH.

judicious medication are (1) to enable the patient to discontinue the use of morphine safely; (2) to diminish the suffering incident to withdrawal; (3) to treat any coexisting or underlying disease; (4) to enable the patient to

live without morphine subsequently and prevent a relapse into the habit.

I have already mentioned the fallacy of the advertisers who "cure" morphinism by eliminating the drug from the system. Another equally erroneous idea prevails that a cure means to take away the craving for the drug. Some persons who have observed cases of alcoholism, in which the patient has an unquenchable thirst for alcoholic pharyngeal irrigation, proclaim their ability to cure morphinism by removing the craving for the drug. In fact, no such craving exists. The drug is stopped and eliminated, and nothing but loathing is felt for it, but the overwhelming need comes on to force the patient into using it. This, however, the advertiser has not promised to remove.

For the first indication, that of enabling the patient to discontinue the drug without danger to life, it is necessary first to study the case. The patient should be stripped and examined thoroughly from head to foot. His general physique, marks of previous disease or of morbid tendencies should be noted. The functions of the brain, lungs, heart, digestive and eliminative systems should be carefully scrutinized, the abdomen palpated for impactions and the urine tested for albumen, sugar, total solids and eliminative capacity. During the withdrawal the heart is apt to fail if not properly strengthened beforehand and watched closely. Severe diarrhea or dysentery will certainly occur if not prevented by suitable treatment. The kidneys may refuse to eliminate without the controlling influence of morphine, and uremia may occur. Auto-toxemia is a certainty, and must be reduced to the lowest possible point. And when it has been allowed to occur, it brings with it melancholy, in the form of a settled conviction that the whole thing is useless, that life is not worth living at the best, and death a certainty in the near future, and it is best to take enough morphine to enable one to settle up necessary business matters and then quit. But when the body is again saturated with the drug the morale is restored; and the patient then desires as ardently as ever to break his chains.

The relief of the suffering occasioned by depriving the patient of his accustomed drug is the second object of treatment. Much may be done in this way; so much that it is often a question if we are not doing too much, as the patient may be encouraged to return to his habit in the confidence that he can be so easily cured.

This parallels the drunkard who is so easily delivered from the horrors of delirium tremens that he goes gayly back to his potations in full confidence that "Doc will pull me through." (My apologies to those who object to the familiar abbrevia-

*This paper, begun in our March issue, (Part II. in April) will be continued through several subsequent issues, and we promise our readers much light on this important subject.

tion, but it is the way he says it; for the inebriate has no respect for aught on this mundane sphere, and would address the President as "Old Hoss.") But cases differ. There are young and healthy men who have so little excuse for their drug-taking that one feels that they ought to suffer the full measure of the withdrawal pangs. I have profound sympathy with misfortune, but none for "pure cussedness." But when we deal with an old and broken man, when we seek to remove the prop on which he has learned to sustain himself, we must go easy; we must be most merciful, and only slip away the crumbling staff as we transfer his grip to a stronger, more enduring support. Nothing is more touching than the confidence with which one of these noble martyrs says: "Doctor, I will bear all my suffering with fortitude, for I know you won't let me suffer more than is absolutely necessary." One feels like bringing every aid that experience can supply to spare such men every pang; and it is one of the pleasures of life to have one of them realize with surprise that the dreaded ordeal has slipped by while he has been still looking forward with anxiety.

Many morphinists have underlying disease, perhaps unsuspected, masked by the drug. It may be neuralgia, dysmenorrhea, diabetes, dyspepsia, or other disease that may fairly come within the reach of curative treatment. But suppose it is cancer, tuberculosis or mucous colitis? What becomes of the "sure cure" guaranteed? The quack does not guarantee to cure these diseases, he only cures morphinism. But the only thing left for such unfortunates is to go back to the drug as quickly as possible, for in these affections morphine alone makes life bearable. And it really seems to hold the disease in check, for it will progress rapidly when the drug has been withdrawn. The only effect of treatment in such instances is to transfer the patient's money to the quack,

and subject the victim to the misery of a useless and exhausting ordeal which he never should have been permitted to undergo.

And when all these things have been done and the patient has been relieved of the drug, has regained his normal health and is well, fat and happy, eating voraciously, plunging into his tub of cold water with a delight he would not have believed possible, and enjoying the exquisite sense of rejuvenation that follows the reaction, the hardest task of all yet remains; that of enabling the patient to live without his drug. The chains of habit are strong. When for years one has accustomed himself to innervation for a bad surgical operation his hands will travel unconsciously towards the hypodermic syringe, and he will have the "shot" prepared before he realizes what he is doing.

And metabolism lags. The functions are performed languidly, and toxins are imperfectly eliminated. The body-organ has been attuned to the morphine key and makes nothing but discords without the master's touch. Toxines accumulate, and digestion, assimilation and nutrition are sluggishly accomplished. Ashes form over the glowing embers. Oxygenation is imperfect and the temperature falls below normal. Spasms of some portion of the respiratory apparatus occur; hiccough, tonic spasm of the diaphragm or of the glottis; palpitations and spasmodic pains around the heart frighten the patient with the idea of angina pectoris; and a person is only too apt to seek relief where he knows it can be found. The habit of "bracing" before undertaking any task becomes a second nature, and it is sometimes a difficult task to teach a patient that he must rely on his own unaided powers in all the emergencies and vicissitudes of life. In my next paper the methods of treatment will be discussed.

103 State street, Chicago.

(To be continued.)



MISCELLANEOUS

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home."

NOTES ON APRIL AND MAY CLINICS.

Editor Alkaloidal Clinic: — Dr. J. E. Hale, page 223, reports a conclusive instance, proving that water is a carrier for the malaria germ. The



editor asks two questions about malaria in Russia, where tea and *wodka* (whiskey) are much drunk. To the first I answer: The *samovar* (self-boiler) contains no

tea, but hot water. It consists of two cylinders, a larger one, the lower end of which is bent inwardly, to the edge of which is soldered the smaller cylinder, which projects below it. In that projection a suitable grate and draught holes are made for keeping up a charcoal fire. This smaller cylinder is the hearth, and is provided with a removable chimney to increase the draught when needed. Both cylinders are made of brass or copper, and their surfaces which enclose the space where the water is held are heavily tinned. The opening between the two cylinders is covered with a metallic plate, perforated to let the inner cylinder pass through, on the top of which a truncated short funnel, perforated in its circumference to keep up the draught, is fitted on, for the reception of the *tshainik* (tea-pot). The lower end of the inner cylinder is attached to a suitable *pediment*. A faucet at the lower end of the larger cylinder discharges the water, which becomes pure from any minerals, these being deposited on the large surface surrounding it when boiling. The tea is steeped in the small teapot, and the infusion made very strong, and is diluted with the hot water in the tumbler, from which a true Russian sips his *tchai* (tea),

not sweetened, but with a piece of hard sugar in his mouth. Much tea is drunk in Russia in the winter time, and much less in summer. Its prophylactic influence against malaria therefore is not significant. As to the editor's second question, the answer is, that the Russian takes his whiskey straight, but he invariably takes a bite of bread after it, and so mitigates, in some measure, the injurious effect on the stomach.

"Typhoid Pneumonia Jugulated," page 224, by Dr. R. P. Crookshank, is a short report, which speaks volumes for the defervescent granules.

Dr. J. M. Blackerby, page 224, advocates leaving off abbreviations in prescriptions. But there is danger in doing so, as an instance in my experience shows: While practising in Leavenworth, Kansas, some decades ago, I prescribed laudanum in tendor doses for a case of painful dysentery, and wrote the following prescription: *Tincturæ opii simplicis, drachmas duas*. The prescription was brought back unfilled, the druggist saying that he did not have that article. The real fact was that he could not read the unabbreviated words. But this happened years ago before P. Blakiston, Son & Co. published Robinson's excellent "Latin Grammar of Pharmacy and Medicine." It ought to be safer now.

Dr. P. Plummer, page 225, "Hints" at a novel use of the soft catheter and condom, in an unusual locality, viz., in epistaxis; and it seems to be a plausible substitute for the time-honored Bellocq's canula. The remedy against stuttering is not worth \$50, but just worth trying. And just here I remind the reader of that most excellent article by Dr. W. M. Cate, "Laloneurosis," in the January '97 CLINIC, page 21. It is classical in both language and science. The doctor's happy use of hyoscyamine in a case of *volvulus* is worthy to be remembered, tried and reported.

"B. U. T," page 226, by "Ed." My experience with it leads me to assert that

until something even better than this will be produced, which is doubtful, I will use nothing else but B. U. T.

Dr. T. Bridges, page 226, is highly pleased with Waugh's Anodyne for Infants. And so is every one who ever used it. It is also an excellent article to make enemies of the vendors of Winslow's soothing syrup.

"Appendicitis and Starchy Foods," page 226, by Dr. H. S. Brewer, would, by right, belong to the "Food Special," but the numbers of the CLINIC dovetail into each other well. What the kind doctor says about Epstein makes him thankful to be a useful servant to the CLINIC and its readers.

"Spasmodic Croup," page 227, and its successful alkalometric treatment by Dr. H. K. Meyers, reminds me of a tussle I had with that affection last winter in my oldest boy, aged ten years. For a whole week it threatened to become membranous, but calcium sulphide, aconitine, emetine, codeine sulphate and cold wet compresses to the throat, all of which watchingly administered *pro re nata*, ultimately overcame the trouble. It left him, however, for about two weeks with a slight hoarseness, which yielded to dilute nitric acid, five drops every two hours.

Dr. Zophar Case, page 227, like his namesake in the book of Job, persists in his ideas about appendicitis, in spite of all that critics may have to say, and it is encouragingly doubtful whether any of them would "squelch" him. It is a wise proverb which says: "Ask other peoples' mind, but keep your own counsel." A non-routine physician will always do so. The doctor's reported case proves the wisdom of Case. I fail to see the pertinency of the doctor's question, whether calcium sulphide is a tænicide, because a tænia solium was expelled in a case of scarlet fever, in which the doctor did not give that remedy. If it were my case, I certainly would have given that excellent drug.

Dr. W. C. Kimbro, page 228, asks about the use of Conrad's tubes of ethyl chloride

in circumcision. I would ask whether there is any difference in quality or price between Conrad's and Dr. Bengue's tubes. The editor thinks that this local anesthetic might be of too short duration for such a long operation as circumcision. This is true if the inner membrane of the prepuce is to be stitched to the external skin of it.

The Jews, however, since the Grecian period of their history, make short work with that inner membrane. As soon as the free end of the prepuce is cut off, and the retracting skin leaves the glans covered with the inner membrane, the operator seizes it with the nails of the thumbs and indices of both hands, tears it in two, and presses it back behind the corona glandis. The operator then sucks out the blood from the wound, spits it out, takes then a mouthful of wine and spurts it on the wounded member, sucks out the blood again, and repeats the last operation once or twice. The wound is then dressed with pulverized rotten wood, or with tinder or prepared punk. The bleeding is usually small, and the wound heals frequently in less than a week, leaving a cicatrix composed of both membranes of the former prepuce. This operation sounds more barbarous than it really is, for it can be done neatly, expeditiously and efficiently, as I have often seen it done.

Dr. F. H. McClellan, page 228, justly recommends macrotin and nitroglycerin in sciatica and lumbago. He also recommends a liniment (see the terrible experience of the editor with one of its ingredients!) the large excipient of which is olive oil. Now, I would ask, is not our American cotton-seed oil, known in commerce as Union Salad Oil, just as good when brought here as when exported first to France and then reimported as European olive oil? I and perhaps other CLINIC readers would be thankful for information on this point.

Dr. G. M. Sullivan, page 229, asks whether diphtheria is contagious, and the editor, as usual, gives a very proper answer.

But permit me to add, that it is best in all cases to call out loudly that it is contagious, for this is the best means of clearing out the sick-room of all officious and officially unnecessary anxious friends and neighbors.

Has not Dr. J. W. Robert, page 229, found out by this time that his premium case is not only a "little beauty," but also a little giant? And, dear doctor, what is your "Alterative Treatment?"

To Dr. C. F. Ross' case of infantile convulsions, page 230, and the editor's comments, I would ask, is the mother habitually constipated, and does she wet-nurse her infant? If so, then the trouble may be overcome by giving her Waugh's anticonstipation granules according to directions. I had a similar case lately, and succeeded in this way.

"Antikamnia a Safe Antipyretic," by Dr. W. A. Windee, page 230. To be sure it is, since it has so much acetanilid in it, and ingredients preventive of any untoward cardiac effects from it.

Santonin "For Diabetes Mellitus," page 230, recommended by Drs. Mobley and Hathrock, is to be remembered carefully, and if it prove useful in other hands also, the knowledge of it should not be held as private property.

Dr. S. B. Pratt, page 231, contributes very interesting ideas about "Heart-failure in Pneumonia," and the usefulness of antiseptics, alkalies and alkaloids in that disease.

Dr. J. H. Owings, page 233, doubts whether Dr. Case's six cases of appendicitis, which he cured medicinally were really such. One thing is certain, that Dr. Case's cases had the benefit of his treatment. And is really a case presenting all the symptoms of appendicitis to be pronounced as not that disease when cured without an operation? As to fecal impaction, I wish to inquire whether this takes place at the ileo-cæcal valve as often as it does in the sigmoid flexure?

Dr. E. F. Kelchner's report, page 233,

of a case of "Albuminuria in Pregnancy," and delivery without convulsions, is one of those very useful records which you will not find in text-books, the learning of which does not furnish the physician with all the knowledge he needs in his varied practice.

I had about a year ago a similar case to that of "Spinal Pain," for which Dr. J. T. Rees, page 234, asks diagnosis and treatment. The symptom of lessened pain on pressure over the seat of pain led me to conclude that it was neurotic and not inflammatory. My case yielded completely to the persistent application of the hot-water bag. In the doctor's case of "Gastric ulcer," with hematemesis, I would, from experience, recommend atropine sulphate, gr. 1-200, pushed to tolerance, and sour milk.

Dr. C. W. Isaminger, page 235, agrees with Dr. Bridges, page 226, and with many others who used Waugh's Anodyne for Infants, as being the best and safest remedy for what it is intended. But "Doctors will differ."

I fail to see why Dr. Geo. Mott, page 235, forbade that "Mexican Cataplasma" of a "freshly-killed chicken," prepared with antiseptics, "on the ground that putrid flesh would create new disease." Popular remedies are not to be laughed at if they are not to laugh at us.

It is very desirable that Dr. W. S. Cobb, page 236, gives us the ultimate result of his use of "Nuclein (Aulde) in Tuberculosis," even as a mere palliative.

Is not the "Effect of Opium," page 236, often to produce profuse perspiration? Why then does Dr. H. E. Ober say that it "closes the pores?" As to cases "of burial while alive, the question would be what evidence would satisfy the editor short of disinterment alive?

"Death from the Hypodermic Syringe," page 236, by Dr. A. H. Taft, is too serious an indictment against a means which is so extensively used by us, and must not be

allowed to pass without challenging further proof.

THE MAY CLINIC.

The case "Just a Little Small," page 237, evidently belongs to moral nosology, and I would denominate it micro-sclerocardia impudica. Nothing short of a new heart can cure it.

"Potato Eating," page 238, in excess, is condemned by the editor as innutritive and overburdening the digestive organs, hence productive of dyspepsia. This question might be determined by the working capacity of the working-classes of different nations, who have or have not the potato as a general article of diet. The Russian peasants eat very little of potatoes, and a hardier class of people than these cannot be found. Yet the Irish peasant, too, is a hardy worker.

In "Milk and Infection," page 238, the editor maintains that milk is a "vitalized substance," and does not favor its sterilization for children's use. Coming as this does from such a high and practical authority, it is encouraging to those of us who do not regard the animal body as a mere chemical laboratory. The editor insists upon state sanitary inspection of all cases of infectious disease as the only effective means to eradicate them. And yet there are loud voices even against this measure from a certain medical quarter, where the doctrine of *Laissez faire* is stoutly maintained.

"The Oyster," page 239, in England is infected by typhoid, and he don't say a word about it. Nor does the American bivalve, who is not infected, say anything. But there is many a pestilence that works mightily yet silently.

In "Cannibalism," page 240, the editor refers jocosely to "the special animal extracts." Well, do we all laugh at them?

In the paragraph "Apples," page 240, the editor very properly contends against Dr. Hay, who assumes that any innutritious part in an article of food is injurious as an

irritant. The editor makes a distinction between "unhealthy" and "unwholesome." A fine distinction this, both linguistically and medically.

The editor's "Fruit Compote," page 240, might have been enough to extenuate Mother Eve's sin in a measure, if the devil had been as fine a compounder as our editor is. But there were no "cut-glass" dishes then. I doubt the propriety of the word "Compote" for this dish, the word implying the use of some heat in the preparation, although not as much as would be needed for long preservation. It is also used for stewed pigeon.

That "Lobsters and Milk," page 240, make a dangerously hard mass in the stomach will be news to others besides myself. It should also be known that the papaw from which such an excellent digestant is made, is not the papaw of the United States.

"Bone Meal," which the editor regards as very much wanting in modern dietary, might be obtained by scraping fresh bones finely, and so administering it when needed in rachitis.

The short, too short, paragraph "Dry Diet," when it is applicable, and when the very opposite is applicable, contains very valuable hints.

What does the editor mean by "Devitalized" water when heated, page 241, in article "Water?"

The facts stated by the editor "About Sick-foods," page 241, are a disagreeable surprise. Do medical students hear little or much about it in their schools?

"Invalids' Cravings," page 241, reminds me of my own case in childhood, more than sixty years ago. I lived then in Brest Litewsky, on the confluence of the Bug and Muchawitz Rivers, in Russia, where spring freshets' inundations occurred yearly, and ague was prevalent. Our family moved into this place from a hundred and thirty miles higher north, where that disease was hardly known. I contracted ague,

and was suffering from it for nearly a year. One evening I was sleeping on a sofa in our large sitting-room in one end while parents and sisters were entertaining each other at the other end. Suddenly I awoke and cried out for a piece of coarse rye bread and black winter radish. There were, of course, some protests against this, I being at that time placed on a restricted diet by our family physician. Mother, however, insisted on the popular belief, that whatever a patient craves for is good for him, and I got two slices of radish, well salted and rubbed together, and a slice of black rye bread, which I devoured greedily. Then I went to sleep, slept all night, and awoke well and sound. I had no ague till some thirty-seven years afterwards, when I was exposed to the burning sun in the miasmatic region about Salonica, on the Mediterranean. A highly educated German physician in the Russian service considered the black radish an excellent anthelmintic, and had his children eat of it every morning. To be continued by yours, etc.,

DR. EPSTEIN.

RENAL INSUFFICIENCY.

Editor Alkaloidal Clinic:—On January 23 I was called by Dr. M. to see Dr. J. J. T., a man about sixty years of age; five feet eight or nine inches in height; usual weight about 200 pounds; present weight 175 pounds; a man of full habit with a very florid complexion; never has used either tobacco or alcohol.

I learned the following history: He had an attack of la grippe two years ago, which left him for several months with a severe sciatica. About one year ago he commenced to have trouble with his stomach and a troublesome cough, especially in the morning; would quite frequently throw up his breakfast, together with some thick, tenacious mucus; the stomach trouble had gradually grown worse; if he did not eat anything the stomach would give him no

trouble; says he has gone three days at a time without taking any food and during that time had no nausea.

On the evening of January 12 he complained of a bad, numb feeling in the third and little fingers of the left hand, with a quick, sharp pain through the region of the heart. His wife says she noticed him rubbing his hand and arm and soon he called to her. When she reached him he was shaking and trembling and was unconscious. She stepped to the telephone and summoned medical assistance, and in a short time had three physicians in attendance. They thought it to be a case of apoplexy with the rupture of a small vessel, although they said some symptoms were wanting.

He remained in this condition for three hours. Dr. M. says that when the patient came out of it he started as if an electric current had been passed through him, grunted and turned on his side. In a few minutes the doctor spoke to him and he responded a good deal as he would had he been aroused from an ordinary sleep. The next morning he seemed as well as usual. Nothing more of importance occurred until the 19th, when he vomited severely and was slightly unconscious for a few minutes. On Thursday, January 21, he had another unconscious spell that lasted for seven hours. On Friday night, or rather Saturday morning, between 2 and 3 a. m., his wife found him in another spell.

I saw him at 3 p. m. and found him in a semi-unconscious condition, with a pulse about 90 per minute and inclined to be weak; respiration twelve or thirteen per minute, full and regular. He had a very badly smelling breath, which gave off a strong urinous odor. By keeping at him you could obtain a grunt and sometimes the words "yes" or "no."

After obtaining the above history and ascertaining that he had voided no urine since 9 p. m. the day before, I introduced a catheter and drew off sixteen ounces of

urine. It was slightly acid in reaction; specific gravity 1026; amount of solids, 520 grains; amount of urea, eighty grains (that is what twenty-four hours' urine would have yielded at the same ratio). We then introduced a rectal tube and injected one quart of salt water, all of which was retained; following this with a hypodermic of pilocarpine, gr. 1-5, and glonoin, gr. 1-100, to support the heart against depression from the pilocarpine and also to flush the capillary circulation.

Sunday morning we found him conscious but a little dull, and he complained of dizziness. We repeated the high enema of salt water and gave him a hypodermic of ergot, also gave him granules of lithium benzoate, gr. 1-8, two every two hours, together with one granule of colchicine, gr. 1-134, and nothing but milk, of which he soon became able to take from two to three quarts a day. The hypodermics of ergot were continued once or twice a day, according to the dizziness, for nine days.

The amount of urine passed during the twenty-four hours ending at 10 a. m., January 25, was fifty-four ounces; sp. gr. 1014; amount of solids, 821 grains; amount of urea, 134 grains, or 2 3-5 grains of urea to the ounce. For the twenty-four hours ending January 26, sixty ounces; sp. gr. 1012; amount of solids, 792 grains; amount of urea, 195 grains, or 3 1-4 grains to the ounce. For the twenty-four hours ending January 27, amount of urine, forty-five ounces; sp. gr. 1015; amount of solids, 742 grains; amount of urea, 180 grains, or four grains to the ounce. For the twenty-four hours ending January 28, amount of urine thirty-six ounces; sp. gr. 1024; amount of solids 950 grains; amount of urea, 243 grains, or 6 3-4 grains to the ounce. During this twenty-four hours he had three loose movements of the bowels, the result of having given three of the hepatic (eclectic) tablets. For the twenty-four hours ending January 29, amount of urine, sixty-two ounces; sp. gr. 1012; amount of

solids, 818 grains; amount of urea, 186 grains, or three grains to the ounce. For the twenty-four hours ending January 30, amount of urine, forty-two ounces; sp. gr. 1020; amount of solids, 840 grains; amount of urea, 284 grains, or seven grains to the ounce.

The next examination was February 3, amount of urine, forty-eight ounces; sp. gr. 1016; amount of solids, 844 grains; amount of urea, 192 grains, or four grains to the ounce. For the twenty-four hours ending February 5, amount of urine, sixty-two ounces; sp. gr. 1018; amount of solids, 1227 grains; amount of urea, 248 grains or four grains to the ounce. For the twenty-four hours ending February 10, amount of urine, sixty ounces; sp. gr. 1022; amount of solids, 1452 grains; amount of urea, 285 grains, or 4 3-4 grains to the ounce.

In addition to the granules, as his stomach would permit, he was given a mixture of potassium acetate and acid salicylic for a few doses, then we would change and give him lithiated hydrangea (Lambert), and all the time insisted on his drinking all the distilled water he could, and did not allow him any other water to drink.

I should have given him a steam-bath if it had not been that about that time there were several very cold days and the conveniences for warming his apartments were not good. I do not see how he could have improved much faster, as he has been out visiting patients since the 6th of February. The best part of all is that he had no cough and has not vomited once since the above treatment was commenced.

The longer I take the CLINIC and use the alkaloidal remedies the better pleased I am. Long life to the CLINIC and may it improve in the future as it has in the past.

J. M. BROOKS, M. D.

Jamestown, N. Y.

—:o:—

What a light in dark places is the examination of the urine by the modern

methods. The day for specific medication is brought nearer by such investigations, making plain the pathological processes and showing where the remedy is needed. In the old days this would have been called a case of apoplexy and the patient would have been bled, purged and blistered.—Ed.

LOADED FOR B'AR.

Editor Alkaloidal Clinic:—I am very much in love with the alkaloidal plan. I am being convinced that it is the scientific plan of medication. Alkaloidal granules are convenient to handle; and how much more attractive (and this point is worth attention) is the stand at your patient's bedside when you have removed the necessity for dirty spoons and soiled bottles that make your patient dread the next dose of medicine. I use the alkaloidal plan for patients who pay, and for men who want your services on the salvation plan (without money and without price) I write a prescription. With a prescription blank in your pocket and fifty varieties of granules on your person, you are loaded for any emergency and can travel the town over and not be taken for a piano-tuner.

A. BROWN, M. D.

Leon, Ia.

CIRCUMCISION.

Editor Alkaloidal Clinic:—The other day a copy of your journal strayed into my sanctum and as its name was somewhat novel I opened it at the word "circumcision." I had just finished this operation on a father and his two sons; the former is forty-five years old, the latter are five and seven. The father had suffered all his life from an exceedingly long prepuce which was very tight but not adherent; smegma collected back of the corona and caused irritation, discharge and herpes preputialis. He always suffered from the fear that he was malodorous to those around him. His boys were circumcised

because he did not want them to suffer the ordeal he had endured and because they were afflicted with enuresis, which is often due to long, tight and clammy foreskins.

As I have done quite a little genito-urinary and rectal work and have seen many of the evil results from abnormal or non-classical prepuces I thought it would be apropos to answer your questions from my standpoint of experience.

Your first question: "Is it or is it not desirable?" The answer depends upon the surgeon who desires to benefit his patient and at the same time to profit. We can hardly say that it is desirable on the part of the patient, for every one from a yearling to the full-grown man will kick at the suggestion and live in mortal dread of suffering until the operation is performed, although it is practically free from pain and the healing without discommodity.

The conditions under which it should be performed are the following: Phimosis; paraphimosis when there is a redundancy of skin; long prepuces although they can be freely retracted even when the penis is in a state of erection; all prepuces whether tight or freely movable that extend over or cover the meatus; all foreskins under which smegma forms or irritation arises from the collection of smegma, filth or moisture; all prepuces injured chemically, or from the ravages of chancroids or chancres if they are distorted or left with bad scars; all prepuces with warts and venereal excrescences or any suspected malignant growth. These are a few of the conditions which require or demand circumcision; others could be enumerated.

Reasons: One could almost write a volume of reasons which no one could contradict with any audience, but several broad reasons, I hope, will be positive and convincing; these may overlap and bear the relation of cause to effect but they will be given to make the atmosphere of inquiry clear.

Cleanliness is emphatically the best

reason and it is this, no doubt, that is the basis for the Jewish rite. Every careful physician has had experiences in his examinations that emphasize this point, and any one may prove to his satisfaction that most men are animals if filth about the sexual organs is a criterion of classification. The careful study of bacteriology and the recent investigations along the line of auto-infection prove conclusively that the ill-health of many puny boys is due as much to absorption of smegma, etc., as to the mechanical effects of long and tight prepuces. I have had one case of epithelioma which originated from irritation of smegma, abrasion and friction encouraged by moisture and filth; no history of cancer existed in his progenitors; pathological mounts proved the correctness of diagnosis.

The second reason is the avoidance of reflexes. The reflexes are numerous and many are annoying; restlessness or peevishness in small boys covers a wide field of symptoms; enuresis is a very common reflex. I circumcised three boys in one family who were afflicted with the latter. Their mother worried and was annoyed and asked what could be done. I told her that circumcision often relieved such conditions. Two of the boys were cured immediately, the other lost the habit in four months. I have cured many cases by the operation after years of treatment by many doctors. There are many cases, however, where this symptom is apparently not relieved and where we must be satisfied by what the operation accomplishes along other lines. There are well-authenticated cases of epilepsy cured by this simple operation.

We must not forget that many a man and many a boy have become melancholy or insane from worry over a long, cold, clammy foreskin; in some manner he discovers that he is not as he should be and is in mortal dread that he may be discovered, and then "he is lost."

There is undeniable evidence that long foreskins lead to the habit of masturbation; it may start in the boy who digs and fondles his penis to relieve itching, or in the older boy who often endeavors to draw the prepuce back of the glans.

Careful examinations demonstrate conclusively that the penis and the testicles of men who have long and tight or loose, or short and tight, prepuces, are smaller and poorly developed as a rule. Any thorough student of orificial surgery or any one with a knowledge of the sympathetic nervous mechanism appreciates the reason.

A third reason is to prevent pathological changes in other organs or in the prepuce itself. During the last three years I have had three cases of epithelioma resulting from phimosis and closing of the preputial orifice. The meatus is almost always smaller than normal, the urethra also of smaller caliber in cases of phimosis or even in cases of long skins. These conditions may and often do cause straining, overexertion and hypertrophy of the bladder-walls, contraction of the bladder-capacity, occasionally prostatitis and prostatic enlargement. Prostatorrhea and nocturnal emissions are other evil consequences. Indirectly varicocele and, rarely hemorrhoids are due to the same cause.

The fourth reason is the protection and immunity given from venereal diseases. Careful observation and statistics taken from the Jewish race prove beyond controversy that circumcision lessens the per cent of contamination and infection. I believe that it lessens it fifty per cent; for in my practice it is a rare thing to find one who had been circumcised, or one with a skin naturally worn back of the glans, suffering from venereal trouble.

Some of the complications of venereal diseases when long skins are present lead to untold suffering among the ignorant, even when under the care of family physicians well "spoken and thought of," in the neighborhood.

I could report case after case in my own practice to substantiate the evil effects enumerated as due to long and loose or short and tight-fitting prepuces.

In summing up broadly we may say that circumcision is the highway to cleanliness, permits the natural development of the sexual organs, prevents innumerable reflexes and often the acquirement of the habit of masturbation, gives inestimable immunity from venereal diseases, prevents many a boy from hypo or melancholy, saves many from urethritis, prostatitis, cystitis, varicocele, hemorrhoids, etc.

About the operation it should be said that every tyro thinks it can be performed easily, and fully two-thirds of the operations are poorly performed; the layers are not cleverly coapted and the symmetry of the organ is not properly preserved.

In making strong statements there are many who may take exceptions; it must not be understood that every one with a long or medium length of prepuce is suffering any inconvenience, and yet there are sufficient reasons for not keeping the skin. I have never known of an ill-result from circumcision properly performed.

The best time for circumcision is in childhood, preferably soon after birth.

My observation has taught me that there are few cases among females that require circumcision; however, when for any cause it may be necessary the results are always good.

MONROE MANGES, M. D.

Buffalo, N. Y.

—:O:—

Dr. Manges makes a strong plea for circumcision, and there is little doubt but that the operation should be done much more frequently than it is. At least, it should be a routine practice to examine the condition of the parts in all children coming under our care. And as the result of such routine examination I have been amazed at the number of cases requiring help, in females. Even more important is it with them than

with males to attend to this matter, as the liability to nervous affections is greater and their effects more disastrous.—ED.

INFANTS' ANODYNE.

Editor Alkaloidal Clinic:—When the parturient mother rests and sleeps well of nights she has a much better and quicker getting-up. Here, as well as later on, is where Waugh's anodyne granules for infants come in so nicely to quiet the little fretting baby. The mothers who have used them, and have the little fretters to attend to, say they don't know how they could get along without them.

They do all that is claimed for them and more; they quiet the infant when needed, and the mother gets her full share of sleep and rest, which are the great restorers of strength.

I have heard of no evil effects by their use.

Your suggestion on page 158, March CLINIC, I think is a good one. I have used the nitrate in other troubles with gratifying results.

A. A. HENDRIX, M. D.

Crofton, Ky.

HYSTERIA.

Editor Alkaloidal Clinic:—While reading recent numbers of the CLINIC my attention was attracted to the different methods adopted by members of our profession in the treatment of hysteria. I will give you my experience in the treatment of the above mentioned disorder of the nervous system.

Case 1. Called in haste by Mr. M., who said his wife had been taken suddenly sick and he was afraid she would be dead before I arrived. The patient, aged twenty-four, was lying on the bed apparently unconscious. Diagnosis: Globus hystericus.

I quickly gave her a hypodermic of morphine sulphate, gr. 1-4, which did no good in the way of relieving the spasms. Her

jaws were firmly closed and I could not get her to swallow anything. I did my best to get her to take antispasmodic granules and also dissolved them in water for her benefit, but I could not pry her jaws open to administer them. After two hours' patient struggle I resolved to try strychnine arseniate, gr. 1-134 each. Two granules were forced into her mouth through an aperture caused by the loss of a tricuspid tooth. I then commenced a conversation with her mother, regarding her neighbors who were sick, for about ten minutes, conversing in low tones. Meanwhile my patient forgot her afflictions and was listening attentively.

I asked her if she would like a drink of water. "Yes," she replied. She drank the water and immediately went into another series of spasms. I forced another dose of strychnine into her mouth. The paroxysm lasted seven minutes, when she was in tears, complaining of a terribly bitter taste in her mouth.

Case 2. Mrs. S., aged thirty-four; symptoms similar to case No. 1. I gave her bromides and chloral in the hopes of breaking up the attack without avail. I thought of the strychnine after about two hours' fruitless endeavor. Crushing three granules of strychnine I put them on her tongue dry, and told her to swallow the medicine as quickly as possible, which she did, and very soon complained of the very bitter taste of the medicine, and was weeping as only a hysterical woman can weep.

Case 3. I was visiting my friend, Dr. M., in Green Bay, Wis., when about 8 p. m. he was called in haste to attend a young lady of about eighteen years of age, who had been taken suddenly sick.

Dr. M. invited me to go with him, and upon our arrival at the house found it to be a case of globus hystericus, which had been brought on her I presume by the sudden death of her brother a few hours before. Dr. M. gave her immediately a large dose of bromide and gave me to

understand that he did not expect to get away from his hysterical patient before midnight at least, as he knew it could not to his knowledge be broken up any sooner, or any hysterical attack of that nature.

I said: "Doctor, have you any granules or tablets of strychnine, gr. 1-40, to crush and put on her tongue dry and be swallowed without water?"

"No," was his reply, "why do you advise such a line of treatment in this case?"

My reply was: "Doctor, if you can only manage to get a very disagreeable bitter taste in her mouth, she will forget all of her present afflictions, sympathizing friends, and her only thought will be of her mouth and the bitter taste it contains."

Dr. M. said: "I will give her two grains of quinine and watch results."

In less than a half-hour the paroxysms ceased and she was in tears.

We started home. Dr. M. laughed long and often at what he was pleased to call it, a new method of treating hysteria successfully.

Case 4. Mrs. F., aged thirty-six, was very nervous and excited, screaming as loudly as possible, afraid she was dying, and begged me to save her life.

Diagnosis: Hysteria.

I immediately gave her a hypodermic of apomorphine mur., gr. 1-10; in about twenty minutes she had disgorged her dinner and she was perfectly quiet; and satisfied that her life was saved, as she expressed it.

C. STANTON, M. D.

G—, Ill.

DISPENSING MEDICINES.

Editor Alkaloidal Clinic:—Enclosed find \$1.00, for which please send me the CLINIC for 1897.

In persuading the members of our profession to be more exact in dispensing medicine, you are doing a grand work.

DAVID B. PENNIMAN, M. D.

Argyle, Ill.

PNEUMONIA.

Editor Alkaloidal Clinic:—After running the gauntlet of an eclectic college, the old Rush college, the Post-Graduate and Polyclinic schools of New York, and packing around a heavy old buggy-case for twenty years, it is with somewhat of amusement, that I read the antediluvian article of Dr. W. H. Van Doren in the May CLINIC, and then peruse with admiration the far-reaching and brilliant ideas of modern pathology by Prof. Sangree, in his article on croupous pneumonia in the March CLINIC.

What we want is light, more light, farther light, in modern pathology by just such diligently working students as Prof. Sangree. Some two years ago I visited my old college chum, Dr. Buchanan, of Independence, Iowa. While in conversation he remarked to me that the undertakers were all down on him. I asked him the cause of it. He told me that he had been using the alkaloidal granules the last winter and that he had not furnished them a "stiff" during the whole season, I remarked that he ought to be ashamed of himself; as the undertaker had to make a living as well as the rest of us.

However, I came home and began to make a study of the alkaloidal granules, and the result is that I have treated seventeen cases of pneumonia with the alkaloidal treatment without a single death, and some of them have been the worst cases that it has ever been my lot to be called on to treat.

When I am called to see a case of pneumonia I commence my treatment by putting in a teacup twenty-four granules of aconitine, gr. 1-134; thirty granules of emetine, gr. 1-66; and if there is much pain fifteen granules of codeine. To this I add a teaspoonful of warm water. Of this I give one teaspoonful every hour for the first forty-eight hours. I then change to the defervescent comp. No. 1, twenty-four granules, and strychnine arseniate, gr.

1-134, fifteen granules, in twenty-four teaspoonfuls of warm water. Of this I give one teaspoonful every hour as long as the fever lasts.

If the heart is weak I give strophanthin, gr. 1-500, every hour. As soon as the fever is broken I give nuclein granules every four hours. If the tongue is covered with a thick white fur I give calomel, gr. 1-6, every hour until six shall have been taken. I then follow up with a good dose of seidlitz salt till the alimentary tract is thoroughly cleaned out.

This line of treatment has been very satisfactory to myself and the patient. I would no more think of going to see a patient with pneumonia without my little case of alkaloidal granules than I would of taking a trip to the moon in an air-ship.

I think THE ALKALOIDAL CLINIC and granules have done more to revolutionize medicine and relieve suffering humanity than all the medical journals published since the lowly Nazarene stood on the shores of Galilee and proclaimed life to a dying world. Long may the CLINIC and Dr. Abbott live, is my prayer.

O. W. PHELPS, M. D.

Hawarden, Iowa.

STRIDULOUS BREATHING.

Editor Alkaloidal Clinic:—Jaborandi, combined with a stimulant and a little ipecac, has cured all my cases of stridulous breathing, including croup, for the past fifteen years. Fl. ext. jaborandi, one drachm; fl. ext. ipecacuanha, half drachm; whiskey, four drachms; syrup, to make one ounce. Direct: Ten to thirty drops, repeated frequently, until nausea and gentle efforts at vomiting occur. This is for a child from one to two years of age.

J. M. EVANS, M. D.

Clarksburg, O.

—:O:—

Why not give pilocarpine and emetine?
—ED.

HELP WANTED.

Editor Alkaloidal Clinic:—I wish the help of yourself and readers in the following case: Miss B., aged thirty, unmarried; parents alive and fairly well; alcoholism on the part of her father and mother's father; history of "nervousness" in the family. Personal history: Measles in childhood; inflammation of the lungs at nine; St. Vitus' dance at ten, for six months; malaria from nine to eleven; inflammation of lungs at fourteen; St. Vitus' dance at fourteen, for eight months, she could not feed herself; slight attack at fifteen; nervous at eighteen; nervous prostration at twenty-one.

About three years ago she began to have spells in which she would become perfectly stiff in the position she would happen to be; commenced with severe pain starting from each side to the stomach; generally makes some exclamation, as, "Oh dear! Oh, come!" but is not aware that she does so. She has trembling spells, palpitation, and has to get up and walk.

Menstruation commenced at fourteen, was regular up to two years ago; since then every ten days to four weeks, with more pain when it goes four weeks than at other times. She did have great bloating of the stomach which improved under treatment. She has had three bad fits, in the last she bit her tongue; these happened in the last six months.

H. GRUNDY, M. D.

Thief River Falls, Minn.

—:O:—

Doctor, the unfortunate girl is a degenerate neurotic. I think that most of the trouble would have been prevented by happy marriage, but who could say that that girl is a suitable person to be a mother?

I would find the source of her nervousness, in the rectum, genitals or elsewhere. Fatten her up with cod-liver oil, digestants and strychnine arseniate; regulate the

menses by Buckley's tonic, and if that does not cure her you'll have to marry her.—ED.

"POINTED, PRACTICAL AND HELPFUL."

Editor Alkaloidal Clinic:—Allow me to express my thanks to you for your kindness in continuing my CLINIC after my subscription had expired. I trust that my appreciation of the merits of the CLINIC will not be measured by my slowness to respond to your invitations of renewal.

Your journal meets, as fully as any publication could, the requirements of the busy practitioner. Every article is pointed, practical and helpful, the editor's comments and suggestions being particularly useful to the tyro in alkaloidal treatment.

Again accept my thanks, and also, what is a more substantial evidence of my appreciation, an order for one dollar, which please credit on my subscription to the ALKALOIDAL CLINIC.

With many wishes for the continued success of your journal, I remain,

E. P. SHELTON, M. D.

Dripping Springs, Texas.

CIRCUMCISION AS A HYGIENIC MEASURE.

Editor Alkaloidal Clinic:—The following three cases will illustrate the value of circumcision as a hygienic measure.

During the past fifteen years I had under my care three brothers suffering from phimosis.

Case 1. Ed. F.—, is now thirty-five years of age. He called on me regularly every four or five months, with his genital organ very much swollen and inflamed suffering terrible pain and itching. After a short course of treatment the trouble would subside for the time being.

At the age of twenty-five he married, and several weeks later his misery began in real earnest. The parts became so swollen and inflamed that it would not

respond to the old treatment, and the prepuce ulcerated back of the glans. Through this opening I carried out the treatment by injecting peroxide of hydrogen, etc. This soon allayed the inflammation and healed the ulcer.

This happened a number of times; meanwhile he discovered that he felt better with an open ulcer through which he could keep the parts clean, and in this condition he finds himself at the present day.

Case 2. Thos. F——, Is now thirty years of age; has suffered in the same manner. Again and again he called on me for treatment, and at last he consented to an operation, which was done about six years ago. He has since gained fifty pounds and is in the best of health, having had no trouble since.

Case 3. Nic. F——, About twenty-eight years of age. He also has suffered off and on since his fifteenth year. Three years ago he married and experienced the same trouble as his oldest brother, who advised him to keep the ulcer open and clean, as he did; so both are in the same miserable condition. Their wives urged them to have the operation performed but they are too cowardly, and prefer to remain in their misery.

DR. H. KLEMM.

St. Louis, Mo.

—:O:—

I didn't know that Missouri grew that breed of men; never saw a P—— yet who knew what fear was.—ED.

HE CAN'T ESCAPE.

Editor Alkaloidal Clinic:—It is agreed that torture to animals is reprehensible, and that is my complaint with your publisher. I like the CLINIC, would like to take it, but had concluded that it was best that I should not; and now comes a prize number and right after it follows a circular that tells me that I can take it for three months for twenty-five cents. Well, I am sick with grip of the worst sort and am

uncertain how it is going to terminate, and am nearly seventy-eight, an invalid of many years trying to stand, and withal one of the despised homeopaths and so on general principles have refrained from taking the CLINIC. And now after all this deliberate but painful conclusion, comes the insinuating circular with "only just a quarter." This is cruelty to animals and if I see a loophole I shall so escape the pain, send the quarter, but must wait. Chicago push crowds me.

J. J. HERRICK, M. D.

Mauston, Wis.

NARCEINE.

Editor Alkaloidal Clinic:—A letter published in the January CLINIC and signed by Dr. Beckel, gave rise to the idea of writing a few observations about narceine, of which there is surely too little said in alkaloidal literature.

This alkaloid was discovered in 1832 by Pelletier, and is one of the crystallizable active principles of opium. For a long time the preparation offered the medical profession was impure. It was Anderson who first introduced an absolutely pure narceine. The purity of the alkaloid can be tested by adding muriatic acid to a solution of narceine. If there is a blue coloring of the solution, the preparation is not pure.

Narceine crystallizes in long needles or in white rhombic quadrilateral prisms; has a slightly bitter taste but is odorless. It is soluble in alcohol, only slightly in chloroform and not at all in ether.

Many contradictory observations upon the action of this alkaloid have been reported, but we have no doubt that this variety of results was due to the chemical impurity of the samples used. Claude Bernard insists that narceine produces a sleep which is deeper than that produced by codeine, yet leaving not behind it the stupor produced by opium. Von Schroff

on the contrary claims that in no case was he able to notice any soporific action from the administration of narceine. Gubler claims that this alkaloid is five times less powerful than morphine. He observed that during sleep induced by this drug, the renal secretions diminish more than under the influence of any other alkaloid of opium.

I believe narceine can replace morphine very advantageously, as it produces a refreshing and calm sleep, the waking from which is without lassitude or loss of appetite. Injected hypodermically it destroys tactile sensibility as does morphine but does not act upon the iris when applied to the eye. When taken by the mouth narceine is eliminated by the urine and the bile.

Narceine is employed in alkalometry (why not use Dr. Epstein's expression?) as a succedaneum for morphine in the treatment of children and women, or of any subject very sensitive to the action of morphine. It can be exhibited whenever the practitioner desires to avoid the constipating effect of opium. As a hypnotic narceine succeeds better in subjects that are weak or very ill than with any others. It is of great usefulness in relieving the cough of phthisis. In my opinion, it is preferable to codeine in any kind of cough, as it is a nerve calmative. Narceine has brought relief where morphine has failed in case of neuralgia, cephalalgia, gastralgia, sciatica and intercostal neuralgia. A good idea in these cases is to associate narceine with either atropine, gelseminine or aconitine.

The mode of administration is either hypodermically or by the mouth. For this last mode, the alkalometric granules are the best as they contain a determined and well-measured quantity of the pure alkaloid and can be given at as short intervals as the case may demand. The alkalometric granule dissolved in sweetened water can be given to the newly-born babe if the case should require without fear and

can be repeated every hour until the sedative effect is obtained. For older children and adults the dose can be given every fifteen minutes until effect.

E. CORNET, M. D.

Norwich, Conn.

USED NUCLEIN WITH SUCCESS.

Editor Alkaloidal Clinic:—I have given Nuclein in one case with the happiest results. Patient, woman recovering from pneumonia. The effect was quite noticeable from the first day.

I will have a very interesting case to report in a few weeks, I think.

J. S. SCOTT, M. D.

Clay Center, Kans.

—:O:—

Don't forget it, Doctor. We want to know and profit by your experience.—ED.

ECLECTICISM.

Editor Alkaloidal Clinic:—I have just read your comments on Dr. Van Doren's letter and it occurred to me that you do not understand the conditions under which the doctor is laboring. After graduating "regular" and "homeopathically," I was attracted toward the eclectic practice and graduated under that system. It's like Christian Science—the new convert is extremely intense and by some convulsion of the gray matter becomes a warrior upon every other system. He has no patience with any one who does not see as he does and he is honest and wonders at others' extreme stupidity. While he has some reason for his unreasonableness it is only a matter of time with him, if he has the normal amount of brains, when he will regret the ardor of his youth and become more charitable towards scientific cranks.

While endorsing Dr. Van Doren's views on specific medication I can't help feeling surprised that all true eclectics do not grasp the alkaloidal idea as fully meeting every

demand for simon-pure eclectic practice. It was on the active principles of drugs that eclecticism was founded, and for one I consider THE ALKALOIDAL CLINIC the only exponent of pure eclecticism. While Doctor Waugh might object I do believe him to be one of the foremost exponents of eclecticism. If he is not, I am not an eclectic. In fact I have become satisfied to be called simply a physician. One of the greatest of homeopaths, Dr. Dunham, was a pure eclectic. I have often thought that names cover a multitude of idiosyncrasies, and am content now after so many years to drop all schools and names and hang my success on the one name—Doctor.

Of course we believe in the germ theory of disease. We old doctors have to believe in something and the germ theory looks reasonable and convincing. I have found and classified certain germs to my own satisfaction. Come in out of the wet, my dear doctor Van Doren. Don't be so awfully stuck up about your eclecticism; the idea is all right but the engineers are mostly firemen—and have not fully come up to the requirements necessary to run a first-class locomotive; that is, "they don't know everything," as who does?

HORATIO S. BREWER, M. D.

Chicago.

Bennett, Class of '79.

B. U. T.

Doctor, what is your experience with Buckley's Uterine Tonic?—Ed.

HELP NOTES FOR WRITERS IN MAY CLINIC.

Editor Alkaloidal Clinic:—To Dr. C. W. Bonick, page 286, I would say: Use Unguentum Resinol (which contains the active principles of the juniperus oxycedrus) locally in abundance. Give calcium sulphide gr. 1-6 (Abbott Alkaloidal Co's only) three every two or three hours. This will cure your case. Please report to CLINIC.

To Dr. J. M. W. Cannon, page 287:

Your experience with Waugh's Anodyne for Infants exactly agrees with mine, only you have benefited the brothers by reporting and I have failed to do so.

To Dr. J. W. Ortman, page 287: Diagnosis, pleurisy. Treatment as given by the editor is of the best. If however you cannot take cod-liver oil, try instead a bottle or two of mist. creasote comp. (Killgore) for cough and emaciation, half an ounce in half a glass of milk before each meal. Also use nuclein (Aulde) in abundance and take Mercauro (Chas. Roome Parmele Co.) You are a careless man to have so long neglected curing yourself. The effusion must be absorbed or removed in some way before a cure is effected. If the ointments recommended for blistering fail, do not stop short of numerous small fly-blister.

To Dr. J. F. Smith, page 288: Get a *Medical World* for May and there read your treatment from an article by Dr. W. H. Judson of Danielson, Conn., on page 186.

To Dr. S. P. Adams, page 288: If you desire any further information besides that so ably given by our erudite editor, see my advice to Dr. J. F. Smith as above.

To Dr. J. Hall, page 289: Our editor having so beautifully and thoroughly covered the ground it only remains for you to recover a good, round fee, such as the successful treatment of these troublesome spleen cases demands. If the editor's directions are faithfully followed and your diagnosis has been complete, your results will be most satisfactory.

To Dr. R. J. Smith, page 293: In 1890, Mrs. M. C., aged thirty-six, married, with three children, gave me a history of trouble similar to the case you report. My treatment was as follows: I applied compound tincture of iodine to the coccyx and when it had been applied several times very plentifully, I blistered the parts repeatedly with cantharides. Result: A permanent cure. If your patient, Doctor, like mine, will not assent to surgical methods, then try

my plan and report the results to the CLINIC.

Yes, Dr. Martin, page 283, as our editor suggests, do give us clinicians one of your valuable papers on "Treatment of Phimosis in the Little Chaps."

To Dr. Wm. Lothian, page 295: If your disease is labyrinthine, applications of the galvanic current as per Erb's Handbook of Electro-Therapeutics, page 317, will cure you in quick time. If, however, yours is a case of naso-pharyngeal catarrh (and your history is very incomplete) Prof. Buck, of New York, in his work; "Diagnosis and Treatment of the Ear," page 166, says: "For all different degrees of naso-pharyngeal catarrh I know of no more efficient remedy than nitrate of silver. In some cases patients seek medical advice for the tinnitus alone. They often say that they will cheerfully bear the deafness if we can only relieve them of the distressing noises in the ears. Bromide of ammonium or of sodium in ten-grain doses, to be taken either before or after meals or at short intervals (*e. g.* three doses during the evening), has in my hands accomplished more for the relief of tinnitus than any other drug I have tried." Use plenty of nuclein (Aulde), also peptenzyme. Take a sea-voyage if tinnitus is persistent. Examine urine for sugar. Report results for CLINIC.

To Dr. C. P. Gowman, page 296: Doctor, I believe you have a case of chronic cystitis to deal with more than uterine trouble. Use Abbott's astringent and antiseptics tablets, preceded by a proper use of Abbott's depleting and antiseptic suppositories if there is any uterine congestion or enlargement, and there generally is in uterine displacements, to astringe and get the uterine appendages in proper supporting condition. Give Buckley's Uterine Tonic, one every two hours and then one every three hours. Examine the urine for acidity or alkalinity and treat accordingly. Examine the urethra for granulations or

growths that might cause the irritation. Put her on full doses of ergotin granules, gr. 1-6; strychnine arseniate, gr. 1-134 and nuclein (Aulde). Report results for CLINIC.

In conclusion I would say to each of these gentlemen and others who so often ask aid from the CLINIC that if each would possess himself of a bound volume of THE ALKALOIDAL CLINIC for '96, and place it handy for reference, and keep on hand a goodly stock of alkaloidal remedies, he would be writing of his successes and making literature on alkaloidal medication and gain experience for himself and others instead of filling the pages of the CLINIC with his wants. This in all kindness, brothers, and for my good that I may get your experience, and for your good that you may become helpful instead of help-seeking.

ROBERT H. DUNCAN, M. A., M. D.
Greater New York.

—:o;—

This valuable paper, full of help for the needing, came too late for us to use the picture accompanying. We promise that for another time when the doctor shall favor us again.—Ed.

"TEN STROKES."

Dear Dr. Abbott:—I have made so many "ten strokes" with the alkaloids since I got your little premium pocket case with my subscription to the CLINIC that I reproach myself for not having taken hold of it ardently when the journals began to talk about dosimetry and Burggraave's publications.

Fraternally yours,

W. H. ABERNETHY, M. D.

—, La.

—:o;—

"From the fullness of the heart the mouth speaketh." We appreciate this tribute to our effort, Doctor, and hope to hear from you again.—Ed.

HELP WANTED: SEPTICEMIA.

Editor Alkaloidal Clinic:—I desire to consult you about my son.

Age twenty-seven; always healthy, except a severe attack of typhoid fever, occurring when he was about thirteen years old, from which he fully recovered; also one or two attacks of "grippe" years ago.

He has been bookkeeping in a store and bank for the past four years, and a little over one month ago, after being continuously exposed for weeks to the fumes from fresh paint and hard-oil finish used in painting the rooms he worked in, he was seized with fever, which increased each day until he went to bed, where he remained most of the time for over three weeks.

During the attack of fever the temperature ranged from 101° to 103.5°.

Soon after the fever set in a swelling appeared on the right side of the neck. The swelling was soft at first, becoming harder and more resisting later on. A few enlarged lymphatic glands in and about the swelling were detected. Some enlarged glands were present on the left side of the neck, but at that time no swelling in that locality.

Small boils or pimples appeared in different parts of the body, not very numerous, neither did they all suppurate; some would dry up, others suppurate and later ulcerate.

The patient was much prostrated during the attack and at times threatened with heart-failure. These attacks of prostration occurred late in the afternoon and early night, followed and attended by profuse perspiration.

The treatment was: Dosimetric trinity, sulphide of calcium and iodoform. Granules of glonoin and sparteine were used for the weak heart, and agaricin to check profuse sweating. Granules of nuclein (Aulde) three every two or three hours, were used for two weeks or more; also some

bottled ale, etc. as stimulant. The bowels were moved at the start with C. C. pills, and later kept flushed with the seidlitz salt and French Lick tablets. Some one-sixth-grain granules of calomel were also used during the attack.

Quinine and other tonics were used, and later I left off all other medicines except the elixir of peptenzyme and quinine, putting him on Tilden's elixir iodo-bromide calc. compound, which he used until yesterday, at which time I put him on two granules each of proto-iodide of mercury and arseniate of quinine, three times a day, stopping the calcium compound.

His food during his sickness has been sweet milk, oysters, tender beef-steak, some vegetables, fruits, such as oranges, bananas, etc. But his appetite has been so capricious that he has not taken much food of any kind.

The patient is now able to do some work each day, but the left side of his neck is swelling, while the right side remains about the same as it was. There has never been any pain, redness or tenderness, and but very little heat present in the swelling.

Please give me your opinion and advice in regard to the nature, cause, prognosis and line of treatment necessary in this case of my only child, and very greatly oblige a reader and admirer of THE ALKALOIDAL CLINIC and the system of medicine it so ably advocates.

J. M. M.

—:O:—

As you describe it, the case looks like septic adenitis, with secondary abscesses from the penetration of the germs to the current of the blood. I would by all means keep this boy on the sulphide of arsenic, six granules a day, the arsenate of quinine, ten granules a day, and nuclein up to ten drops a day. The leucocytes need considerable re-enforcement to meet such an affection as this, for the blood is evidently profoundly infected. I would follow these

with the tincture of iron in doses of thirty drops every four hours while awake.

Feed him on rich food, milk, cream, egg-nog, raw beef, turtle soup and an abundance of oranges and lemons; all you can get him to take.—ED.

A GOOD TIME COMING.

Editor Alkaloidal Clinic:—I send enclosed order for CLINIC for '97. The trial trip was far beyond my expectations. I am eager to receive new copies and would not now do without your most excellent journal.

Will send for "Shaller's Guide" later on; have been located here but eight months and finances are not flattering this year, but am looking for "a good time coming."

G. S. STAUB, M. D.

St. Johns, O.

ASPIDOSPERMINE, SEIDLITZ SALT, ETC.

Dear Doctor Abbott:—I wonder if your readers know and appreciate aspidospermine. Its value has been emphasized to me recently in the case of my wife who suffers at times with dyspnea. Aspidospermine granules relieve her better and quicker than anything else.

Now, in regard to seidlitz salt, I do not recall any mention of it in any of your previous letters, and as I was hugely disgusted with the Chanteaud seidlitz, I took it for granted yours was of the same character and never ordered any till lately. In fact you can see from my papers that I do not use or prescribe purgatives and laxatives to any extent; but as the hot season is approaching and being out of the Chanteaud seidlitz salt, I concluded to try that made by the Abbott Alkaloidal Co. Words fail to express the great surprise and satisfaction it gave me from the first dose, for I found it an elegant and reliable preparation, far superior to and as different from the French as daylight is from darkness.

I took cold during one of our late sud-

den changes in temperature, which, with too much indulgence in early vegetables, gave me a terrible diarrhea. This I cured with nuclein (Aulde), strychnine and two doses of seidlitz salt. It is the best lavage for the intestinal canal I ever used, acting gently without griping, and is the only preparation I ever saw in which the bitter, nauseous taste of epsom salts is completely disguised. I realize that I have missed a great deal by not knowing the virtues of this elegant product of the Abbott Alkaloidal Co. earlier. This is not the only thing of theirs that I have found superior to the Chanteaud preparations, for all their granules are far more soluble and just as reliable in their therapeutic effects and have the advantage of different sized doses in the more powerful medicaments as well as a much less price.

DR. W. L. COLEMAN.

Navasota, Texas.

—:o:—

To any physician unfamiliar with Abbott's seidlitz salt, a one-fourth pound sample, with literature, will be sent on receipt of six cents for postage.—ED.

NOTHING DRY IN THE CLINIC.

Editor Alkaloidal Clinic:—The premium case and Shaller's Guide were received, and to say that I am pleased with both is putting it mildly.

I think Shaller's Guide is the most comprehensible book of the kind I ever studied. The theories are all reasonable.

In regard to the CLINIC, it is the only journal out of the eight on my desk but what occasionally contains a "dry" article.

I often start to read an article both worthy and scholarly, yet so dry as to cause one to feel like skipping portions of it. I don't find such conditions in the CLINIC.

Assuring you that I will give the alkaloidal treatment a fair and thorough trial, I remain, yours very truly,

H. D. FAIR, Ph. G., M. D.

Redkey, Ind.

NOTES ON THE CLINIC.

Editor Alkaloidal Clinic:—Dr. Cuzner, page 200, tells somewhat of the "Curse of the Granny," and every word in the article is solid truth. I was called to treat a lacerated perineum some time ago which the "granny" had "cut to make her have the next one easier." I found in the room two more women who said they "had been cut same way," by same granny. Three in one house. When I offered to close them up, they refused, although I told them I would perform the operations for nothing. I wanted to have a little practice in the art, as I had in twenty-four years had only one case. There is a law in Louisiana, but like most such laws is not enforced. The doctors are to blame for it too. This cutting the perineum is one of the most common crimes against common sense, and in fact nearly every case enumerated in the article, can be duplicated right here in my ward.

The editor asks, page 314, if "the bile in the liquor amnii would affect the infant's eyes." In this case, no. But, could nearly a quart of pure bile (thick like paint ready to be applied) exude from the liver of a fetus? The child's skin was yellow, and covered with a coating, all over, as thick as blotting paper, a shade darker than the fluid, which peeled off in strips so I could roll them on a stick to carry home. The fluid, some of it, I put into a morphine vial, as it would not flow thin enough to go in a narrow necked vial. This is the only case I have seen on record, and it was my doubt as to where the bile should come from, in such quantity or in any quantity, that led me to ask the question. Has it been definitely settled how the liquor amnii is secreted? This might answer the question.

Dr. Hole's article and our editor's comment, bring to mind a case I have reported before. During 1876, a negro man, who had moved from the hills to the swamp, asked me how his family could escape

the chills. I told him to boil all the water they drank. His family was the only one on the brake for a mile around that I was not called to treat for chills and fever. 1876 was an exceptionally unhealthy year. The grippe and eruptive fevers had a carnival. Twenty-five years of close watching of this "bug," malaria, leads me to think the "aria" has very little to do with it, but the water all, except an infinitely small fraction. I am not chronically opposed to alcohol, *i. e.*, so as to render myself unhappy about it. But I do not think whisky ("Kentucky straight") would associate with the malarial bug, also I know that whisky will not keep off a chill unless enough is drank to puke the man.

I've tried it on myself in pretty full doses to abort a chill and it failed every time—made things worse afterward. At same time I heard in South Carolina that the people (men) drank with that idea in view. But any other view would have made them drink it. It is curious, as associated with this "antimalarial-whisky-drinking fad," that the women who did not drink the whisky for any "view" were least affected with the chills. In fact, as an abortant of a chill I have for a long time believed that a stimulant was bad practice.

Dr. BEN. H. BRODNAX.

Brodnax, La.

ALKALOIDAL MEDICATION.

Editor Alkaloidal Clinic:—Enclosed find \$1.00 to renew my subscription for '97.

I am very much interested in alkaloidal medication and cannot afford to miss a number. I have been using the preparations of the Abbott Alkaloidal Co., and shall continue to use them as long as they prove satisfactory. Have scored many victories with the little granules, surprising to myself and patients.

W. E. BAKER, M. D.

Portageville, Mo.

HEART DISEASE.

Editor Alkaloidal Clinic :—For about two months my ankles have been swelling, and now the œdema has reached half way to the knees. When I awake in the morning my face and hands are also slightly swollen. The pulse-beat seems natural, except for an undue quickness or irritability, and when I lay my ear close to the pillow the pulsations of the heart are so loud that I am constrained to take a different position.

As there is no anemia, the only medicine taken is defervescent compound No. 1, two or three granules at bedtime, which causes my kidneys to act remarkably freely.

I am over seventy—last month; have no bad habits save masticating a moderate amount of tobacco; temperament nervous; medium size and of spare habit.

Altho' I do not believe there is any cure for my disease, yet there are palliatives, and I will be quite thankful if you and Dr. Waugh would suggest a suitable treatment.

DR. D. B. PIERCE.

Indian Mound, La.

—:O:—

I think the heart is not up to its work and would advise you to take sparteine, from one-half to one grain daily, in divided doses; also limit the amount of liquids you drink pretty closely, but do not let your health run down. Besides this I would take apocynin, three to six granules a day, and keep the bowels regular with seidlitz salt, substituting the dosimetric trinity (aconitine amorphous, gr. 1-134; digitalin, gr. 1-67; strychnine arseniate, gr. 1-134), three of each at bed-time, instead of the defervescent compound; for this will strengthen the heart while the other at your age and condition will be inclined to distress it. Take highly nutritious, easily digestible foods, in small bulk; drink sparingly at meals and not only take the seidlitz salt to correct constipation, but sufficient to produce at least two free, watery stools daily. Let us know results.—Ed.

CANCER.

Editor Alkaloidal Clinic :—Have you anything dosimetric or otherwise to suggest against cancer? Have a case, an elderly colored woman, with a large cancerous tumor of the left labia, existing since December, 1896. There is the same character of growth at the verge of the anus; an open ulcer now on the one in the groin. She is fairly well nourished, and has not much pain as yet.

Any suggestion?

J. E. SLICER, M. D.

St. Joseph, La.

—:O:—

I am doubtful if any drug will delay cancer very much, but have found that cicutine helps the pain, three to six granules a day being given; and also the iodide of arsenic, three to six granules. If you can get phytolacca, I would give a decoction of the fresh root quite freely. Are you sure the disease is not syphilis? The description of the case appears to warrant this diagnosis. If so, I would give her mercury internally, and treat the ulcer with bichloride solution, one to 1,000.—Ed.

THUJA OCCIDENTALIS.

Editor Alkaloidal Clinic :—I recently experienced remarkable success with this remedy, in a case of cystitis with frequent calls to urination; the urine in passing burning and scalding; the bladder tolerating but little. The patient would scream out in great agony, and the case was fast assuming a type that seemed to me very serious. After using everything that I could think of, I prescribed one drop of tincture of thuja, which seemed to aggravate rather than lessen the difficulty. I then placed two drops in a glass of water and gave a teaspoonful every hour, and witnessed an abatement of all the symptoms. I have tried it in the irritable bladder of old age, with the

same good results. It needs to be given greatly diluted. I have used it in piles where there is much itching (made into a suppository) with remarkable effect, and hasten to make known what I call a good thing. Homeopaths make a great deal of this remedy, and I should like to see it among the alkaloids.

I have not been disappointed in any case where I have given your granules a trial. The great difficulty in persuading people I have not turned homeopath is the only thing I have to contend with, but that does not matter "so long as the pole reaches the persimmon." Lloyd's specific tincture was what I used.

HORATIO S. BREWER, M. D.
Chicago, Ill.

THE GROWTH OF THE CLINIC.

Editor Alkaloidal Clinic :—I must express to you what pleasure it has given me to note the steady growth in size and usefulness of THE ALKALOIDAL CLINIC, from sixteen pages all told to its present special "Lungs Number" of sixty-four pages of solid reading matter. I trust your increased circulation has been even in a much greater proportion. It has been my custom each year to send the CLINIC to some medical friend, and I trust at least a portion of them have become permanent members of our family.

WM. I. COCKE, M. D.
Port Washington, N. Y.

—:O:—

Thank you, Doctor; we wish every friend to the CLINIC would do this.—ED.

TYING THE UMBILICAL CORD.

Editor Alkaloidal Clinic :—There has been a great deal written on the subject of "Tying or not Tying the Umbilical Cord." In the March number of the CLINIC is an article on this subject. You ask the reader to give his experience relative thereto. I have no experience with the cord left untied. I would not risk getting the experience. I have practised obstetrics twenty-

six years. While I have not had a large practice, yet I have had my share of the business. I have never lost a child by tying the cord properly, but did lose one by tying with improperly twisted silk thread, which cut the cord, the consequence was the child bled to death before it was discovered. This hemorrhage came on several hours after the birth of the child.

As well might it be argued that nature should do the amputating of the cord in the human as she does in the lower animals as to argue that the stump needs no ligature around it to prevent bleeding. That it does not is not a more glaring fact than that the child must be cared for externally and internally by hands other than its own and its mother's. The young of man are truly the most helpless of all of the animal species.

If in the economy of nature the umbilical cord of the human is not so constructed, anatomically as to make its own amputation after birth, as is the case in the lower animals, is it not an argument that this section must be made under certain precautions; and what more suggestive procedure can be thought of than to ligate the cord through which the life-current was carried to the child; and back through the same channel can the same current flow and its tiny life bleed out in a very little time. After the change of blood-circulation is fully established there is no longer need to fear hemorrhage, but while this phase of things is going on, tie the cord and instruct the nurse to keep watch of that particular part of the child's anatomy. This procedure, in my judgment, is correct.

JNO. J. OGLE, M. D.

Fort Wayne, Ind.

—:O:—

Dr. Ogle has expressed the general opinion as to this matter, but it will be seen that he has never tried leaving the cord untied. Neither have I, for that matter; but the history of human progress is written by the men who call in question

the general belief and demand the proof. Once in one hundred times they are right, and then the world has learned something. Kellogg's Funis Ring is the solution of the question.—Ed.

HEREDITY EXEMPLIFIED.

Our readers will be pleased to know that Albert C. Buckley, son of our own Dr. W. C. Buckley, graduated with honor at the Medico-Chirurgical College of Philadelphia, receiving a gold medal for the best report of the gynecological clinics. The class was the largest as yet sent out from this college, which, it may be remembered, was one that Dr. Waugh was instrumental in founding. The CLINIC congratulates the family.

GONORRHEAL RHEUMATISM.

Editor Alkaloidal Clinic:—I must certainly inform you that I have used the alkaloidal granules with entire satisfaction. They cannot be too highly appreciated or recommended. Their preparations are directly divine. They are *multum in parvo*—are tersely sublime. An intelligent young Chinese man who had been suffering for some time, say six months or more, and had been under several treatments which availed but little, advisedly came to me for consultation.

After a thorough examination I discovered his case to be gonorrheal rheumatism, for which I immediately prescribed, for constitutional treatment, some protoiodide of mercury, with codeine as an hypnotic.

The important feature of the case was, that the pains were not limited to the joints but involved the fibrous structures, especially the loins, the plantar and palmar fasciae, the tendo achillis and the sheaths of the nerves. The duration of the disease was quite indefinite, and the most favorable termination hoped for was ankylosis of the joints with hopeless crippling; but to-day, four weeks from date of examination, the young man is able to attend to his

usual pursuit, moving about strongly without the aid of his cane.

R. C. LEWIN, M. D.

Bluefields, Nicaragua.

—:O:—

Even the United States cannot limit the CLINIC's field of usefulness. Dr. Lewin has found another remedy for gonorrheal rheumatism in mercury. I would suspect an old syphilis in this case.—Ed.

SOMNOLENCE.

Editor Alkaloidal Clinic:—Will you kindly help me out in this case? Male; age, forty-three; lawyer; is troubled with short, hacking cough, catarrh of nasal passages and ear; appetite good; but feels runs down and looks anemic and sallow. The symptom he complains of most is drowsiness that comes on almost at any time, morning or afternoon. It has been a great hindrance in his profession. The trouble has existed from boyhood; and even while on the saddle on the ranch he will be troubled. What do you think is the cause and what would you advise? I found his urine loaded with urates. I appreciate the CLINIC very much.

J. M. MCG.

Moscow, Idaho.

—:O:—

Keep his bowels open with Waugh's laxative granules, and give him Arsenaurol, ten drops three times a day for three weeks. Let us know the result then.—Ed.

ABORTION, WITH RELICS OF ANOTHER PREGNANCY.

Editor Alkaloidal Clinic:—I was called recently to Mrs. H.; white; age, thirty; mother of two children aged nine and eleven; since which she has miscarried three times. This time I delivered her of a six months fetus; placenta adherent, but after some trouble and the loss of con-

siderable blood it was secured. On the attached side it seemed to be full of bones or bony material, from the size of a grain of wheat to a finger-nail, the color of ordinary bone.

Was the miscarriage the cause of this, or was this condition the cause of the miscarriage? Is this anomaly frequent? I never saw it before. Who has seen it and what is it called? I see nothing in the books about it. L. W. GATES, M. D.

Amish, Iowa.

—:o:—

The matter was the debris of a twin or of a previous abortion. Such cases are rare, but not unique. As she had aborted previously the cause must be found elsewhere.—ED.

HERPES ZOSTER AND INFLUENZA SUCCESSFULLY TREATED WITH NUCLEIN.

Editor Alkaloidal Clinic:—I obtained a sample of nuclein (Aulde) tablets and used them with much satisfaction.

Case 1. Influenza. February 20. A young man of nineteen; temperature 103; headache; cough; vomiting. I gave magnesia sulphate; Zomakyn for headache; tinctures of aconite and bryonia, each four minims, and nuclein tablets, eight to a glass of water; a teaspoonful every hour. In two days he was much better and in three days discharged.

Case 2. A man of eighty, with herpes zoster. The nuclein tablets appeared to ease the painful symptoms and help the case generally. I gave one every two hours, and later on one three times a day.

Case 3. Influenza. A man of sixty. The symptoms were modified much by the exhibition of nuclein and the gain has been continuous.

I have used the tablets in children's cases, giving four or six to about four ounces of water; a teaspoonful, every hour, with good results.

JOHN E. BROOKING, M. D.

Hallowell, Me.

—:o:—

We want to get to the bottom of this nuclein business. Let others report.—ED.

NEURASTHENIA: HELP WANTED.

Editor Alkaloidal Clinic:—I have a case which I can relieve but do not cure. Mr. N., aged fifty-eight years; florist; nervous temperament; not addicted to alcohol. Has worked hard all his life, accumulated property and ought to quit, but says a sedentary life would kill him. He feels better when at work, than at any other time.

Symptoms, smothering sensations in the afternoon, worse as night approaches; can not lie down at all at night, but has to sit in an arm chair, leaning forwards to sleep; circulation regular though weak; some bronchial trouble; palpitation of the heart; good appetite; digestion good. At the beginning of every attack he becomes flatulent, his bowels fill up with wind that works up to his stomach and troublesome dyspnea is set up.

I prescribed for this case the dosimetric trinity No. 1; strychnine arseniate, gr. 1-134 and macrotin, commencing at two o'clock and giving them every two hours till bedtime, alternating hourly with aromatic spirits of ammonia and tincture of sanguinaria; also one granule of glonoin at night for dyspnea. This treatment so far has relieved all disagreeable symptoms.

My diagnosis is neurasthenia complicated with chronic bronchitis, slight indigestion and palpitation of reflex nervous origin. If my way of putting the case will arouse interest I should like to have help.

R. C. JOHNS, M. D.

Personville, Tex.

—:o:—

There is a suspicious weakness of the heart here. I should put him on the arseniate of strychnine, gr. 1-134; sparteine, gr. 1-67, four granules; and capsicin, gr. 1-134, four granules, every two hours; with the iodide of sodium, gr. 10, and sulphocarbolate of sodium, gr. 10, three times a day. Keep the bowels open with Waugh's laxative granules, and report.—ED.

PICK-UPS FROM OUR AD. PAGES.

The CLINIC would like to know if there is one of its number who does not use Listerine, perhaps the most widely kept and widely used of all antiseptic preparations. Truly, merit wins.

If you want to bring red cheeks to the children, add bovine to their daily food. It is wonderful, other conditions being made favorable, what an effect it will have upon an illy nourished child.

Dr. Penhall writes us that he must stop his advertisement, not from any fault of the CLINIC but for reasons of his own; so that our readers will miss it for a few months. Meanwhile we trust that each who has not already done so, will look it up in this issue and send the doctor an order for one of his instruments. They are neat, handy and helpful—worth many times their price, even in one case in which they are indicated.

Will some one who has used the Maltby Chemical Co.'s Zomakyne tell the CLINIC about it? It is certainly cheap and if as good as cheap ought to command a very large sale among CLINIC readers.

The Long Island Bottling Co.'s Malt—Braunschweiger Mumme—is an excellent preparation, palatable, nourishing and cheap. If it is not to be found in your locality, they will deliver it to you in reasonable quantity. Don't fail to give it a trial.

When you have a case of herpes or any other irritative dermatitis that requires alterative treatment, try painting the irritated surface with pure Campho-Phenique, and then dust with Campho-Phenique powder and cover with a dry dressing; at the same time giving indicated internal treatment.

We want clinical reports on the use of Calphenol, advertised by J. W. Cole & Co. It is a new preparation but comes well recommended. Let us give it a trial and learn what we can about it. CLINIC readers cannot afford to pass a good thing by.

For a racy, spicy and helpful medical journal, try *The Medical Mirror* of St. Louis. Dr. Love is to be congratulated on his publication.

Our friend Betz is still at the front with his Hot-Air-Treatment Baths and not only at the front but so far at the front that he is practically "out of sight" of all his competitors. Take a look at his ad. in this issue.

Doctor, do you know by actual use of the value of Empire Elastic Bandages and Supporters? If you do not you are denying your patients a great boon. See their ad. in this issue.

If you want anything in the line of a medicine case that is well-made in every respect, write the Western Leather Co. for their catalogue and buy of them. Do not be led astray by cheap imitations of their well-known goods. They sell at as close a price as any legitimate manufacturer can afford to do.

Perhaps the Searle & Hereth pharmaceutical preparations are no better than some others. There is a certain point of excellence to which any first-class manufacturer may attain, but Searle & Hereth have the prettiest ad. in this journal and always treat their customers right. Their list will be of interest to you.

If some reader of the CLINIC who has had experience with the preparations of the Alta Pharmacal Co., advertised in this journal, will write us for publication, we shall appreciate it.

Resinol is a first-class local preparation for a great variety of skin ailments. Don't forget it. And as a surgical dressing where ointments are indicated, nothing excels the Unguentine devised by Sir Astley Cooper and manufactured by the Norwich Pharmacal Co. Either manufacturer will send samples and literature on request.

The same is true of Na-Phoskol which we fear is too little known. Let those who have had experience with it kindly report for the benefit of all concerned.